

<b>Case Number:</b>	CM14-0004156		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	05/22/2008
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The injured worker reported an injury on 0/22/2008 after a slip and fall. The injured worker reportedly injured his right hip and right knee. The injured worker's treatment history included psychiatric support, a lumbar brace, a knee brace, acupuncture, physical therapy, a TENS unit, medications. The injured worker was evaluated on 07/17/2013. It was noted that the injured worker had continued pain complaints of the right knee and right hip. Physical findings included 0 degrees to 9 degrees of flexion and tenderness to palpation over the lateral knee and anterior portion of the knee. A treatment recommendation was made for x-rays of the bilateral knee and hip, a refill of medications, and physical therapy. The injured worker was seen on 11/06/2013. It was documented that the injured worker continued to have right hip and right knee complaints of pain that were exacerbated with weightbearing activities. Physical findings at that visit included tenderness to palpation over the right sciatic notch and sacroiliac joint with a positive Patrick-Febere's test and tenderness over the right knee medial and lateral with 0 degrees to 100 degrees range of motion. The injured worker's treatment plan at that visit included a psychological evaluation, an MRI, and viscous supplementation for the right knee. The injured worker's diagnoses included hip sprain/strain, lumbar sprain/strain, knee sprain/strain, sicatica, and hip tendinitis/bursitis.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PHYSICAL THERAPY, 2 TIMES A WEEK FOR 6 WEEKS, FOR A TOTAL OF 12 SESSIONS FOR THE RIGHT KNEE & HIP IS NOT MEDICALLY NECESSARY AND APPROPRIATE.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE AND THE OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Physical Medicine

**Decision rationale:** The requested physical therapy 2 times a week for 6 weeks for a total of 12 sessions for the right knee and hip are not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has previously participated in physical therapy. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not adequately address the efficacy of the prior therapy. Therefore, the need for additional therapy cannot be determined. Also, there is no documentation that the injured worker is currently participating in a home exercise program. The requested 12 visits are considered excessive. As such, the requested physical therapy 2 times a week for 6 weeks for a total of 12 sessions for the right knee and hip are not medically necessary or appropriate.