

<b>Case Number:</b>	CM14-0016388		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	06/08/2009
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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, has a subspecialty in Pain Management 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:

This case involves a 36 year-old female who was injured on 6/08/2009. She has been diagnosed with left hip acetabular tear, status post ( s/p) arthroscopic labral repair 4/24/13; possible failed labral repair; L4/5 disc protrusion with mild spondylosis per 11/8/10 MRI; right and left elbow radial head fractures per x-rays 2/29/12; left knee patellar dislocation. The 12/3/13 chiropractic report from [REDACTED], reports knee pain affecting the hip. Hip pain was 8-9/10, elbow pain was 4/10, wrist pain was 2/10. On 12/27/13, [REDACTED] requests 12 Physical Therapy (PT) sessions for the left knee and left knee MRI, and hip MRI and hip CT, and facet and sacroiliac injections. On 1/7/13 UR denied the request for 12 PT sessions for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 SESSIONS OF PHYSICAL THERAPY 3X4 FOR THE LEFT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-9 of 127.

**Decision rationale:** The patient presents with left hip, knee and bilateral elbow and wrist pain. A request has been made for a review of 12 sessions of Physical Therapy (PT) for the left knee.

MTUS guidelines recommend 8-10 sessions of PT for various myalgias and neuralgias. The request for 12 sessions of PT will exceed the MTUS recommendations.