MAXIMUS Federal Services

Case Number:	CM14-0126245		
Date Assigned:	08/13/2014	Date of Injury:	08/19/2013
Decision Date:	11/05/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/08/2014

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 Emergency Medicine, and is licensed to practice in Texas. 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 injured worker is a 36-year-old male who reported an injury on 08/19/2013 due to falling off a work truck. On 06/30/2014, the injured worker presented with pain to the left hip. Diagnosis was injury to the left hip and thigh. Upon examination of the left hip, there was limited range of motion and pain. All other physical examination findings were unremarkable. The provider recommended physical therapy for the left hip and MRI of the knee; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Left Hip 1- 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for PT Left Hip 1- 2x4 is not medically necessary. The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of

motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior course of therapy as well as efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy visits the injured worker already completed was not provided. There are no significant barriers to transitioning the injured worker to an independent home exercise program. Additionally, the physical examination does not provide objective functional deficits that are quantifiable in order to assess the efficacy of the physical therapy treatments. As such, medical necessity has not been established.

MRI Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347 Table 13-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The request for MRI knee is not medically necessary. The California MTUS/ACOEM Guidelines state most knee problems improve quickly once any red flag issues are ruled out. Injured workers with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Imaging studies to evaluate the source of knee symptoms may carry significant risk of diagnostic confusion or false positive test results because of the possible of identifying a problem that was present before symptoms began. Special studies are not needed to evaluate most knee complaints until after a failure of conservative treatment and observation. There is lack of documentation on the injured worker's failure to respond to initially recommended conservative treatment. Additionally, there were no red flag conditions to be ruled out. The physical examination findings did not indicate objective functional deficits regarding the knee. Additionally, the provider's request does not indicate which knee the MRI was intended for in the request as submitted. As such, medical necessity has not been established.