

Case Number:	CM14-0030735		
Date Assigned:	06/20/2014	Date of Injury:	09/13/2012
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/11/2014

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 Neurological Surgery 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 injured worker is a 49-year-old female was reportedly injured on September 13, 2012. The mechanism of injury was tripping over a stool and landing on the left knee. The most recent progress note dated March 26, 2014, indicated that there were ongoing complaints of left knee pain at 7/10. The physical examination demonstrated tenderness at the greater trochanteric region of the left hip. Examination of the left knee noted swelling, crepitus and tenderness at the medial and lateral aspects. Left knee range of motion was from 5 to 90. There were a positive McMurray's test and Apley's test. A request had been made for physical therapy and was not certified in the pre-authorization process on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left hip and left knee, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Procedure Summary and Knee and Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-8.

Decision rationale: The attached medical record does note that the injured employee had previously participated in physical therapy with some pain relief; however, the number of physical therapy visits is unknown and there is no objective measure of its benefit. However, after having had prior formal physical therapy, the injured employee should be well versed in what is required to continue therapy at home with a home exercise program. This request for physical therapy for the knee and hip is not medically necessary.