

Case Number:	CM14-0047860		
Date Assigned:	07/02/2014	Date of Injury:	10/20/2013
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine 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 is a patient with a 10/20/13 date of injury. The date of birth of the patient was not provided. The mechanism of injury occurred while stocking electronics. According to a progress note from 6/3/14, the patient stated that she is still recovering from bronchitis and was on prednisone. She stated that she still had pain about her left hip and left knee. Objective findings: tenderness laterally of the left hip, left hip flexion 90 degrees, internally rotate 20 degrees and externally rotate 30 degrees; moderate tenderness medially of the left knee, range of motion of the knee is from 0 degrees to 120 degrees, and trace effusion. Diagnostic impressions showed: continuous trauma injury, left hip strain, left knee possible, and degenerative tear of the medial meniscus. Treatments to date include: medication management, activity modification, and ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to left hip, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy ; General Approaches. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and

the Restoration of Function Chapter (page 114)Official Disability Guidelines (ODG) Hip and Pelvis Chapter.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. For continuous physical therapy, there must be documentation of the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. The ODG guidelines support 6 sessions as an initial clinical trial. The ODG Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy (PT). A UR decision dated 3/24/14 authorized 6 sessions of physical therapy as an initial clinical trial. There is no rationale as to why the patient needs additional physical therapy sessions when a 6-visit trial has not been completed. Documentation of functional improvement from the physical therapy sessions is necessary prior to authorization of additional treatment. Therefore, the request for outpatient physical therapy to the left hip, 2 times a week for 6 weeks was not medically necessary.

Outpatient physical therapy to left knee 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy ; General Approaches. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114)Official Disability Guidelines (ODG) Knee Chapter.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. For continuous physical therapy, there must be documentation of the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. The ODG guidelines support 6 sessions as an initial clinical trial. The ODG Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy (PT). A UR decision dated 3/24/14 authorized 6 sessions of physical therapy as an initial clinical trial. There is no rationale as to why the patient needs additional physical therapy sessions when a 6-visit trial has not been completed. Documentation of functional improvement from the initial physical therapy sessions is necessary prior to authorization of additional treatment. Therefore, the request for outpatient physical therapy to left knee 2 times a week for 6 weeks was not medically necessary.