MAXIMUS Federal Services

Case Number:	CM14-0057152		
Date Assigned:	07/09/2014	Date of Injury:	02/28/2013
Decision Date:	09/22/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 58-year-old female tripped and fell at work on 02/28/2013 and landed on her left hip and knee. The injury gave rise to severe pain in her left hip, knee and groin. She had an unremarkable examination shortly after the injury. She improved with Tramadol, Etodolac, Polar Frost, and physical therapy, and she continued to do regular duty. As the pain in her left hip progressively worsened, she was made to do MRI of the left hip. The MRI revealed severe degenerative changes; and consequently she was offered Total Hip replacement surgery on 03/03/2014. The surgery was complicated by left foot drop, and acute deep vein thrombosis. Following the surgery, she was treated with anticoagulants, therapeutic exercises, and Manual therapy. She has been diagnosed of severe osteoarthrosis of the left hip status left hip arthroplasty, degenerative changes of the left hip, post-operative foot drop. She has been undergoing physical therapy since 05/05/2014, but the physical therapy requested for the left knee and foot is in dispute.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x6/wks left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, physical therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23,Chronic Pain Treatment Guidelines Chronic pain discussion Page(s): 1.

Decision rationale: The MTUS recommends that after an assessment to rule out red flags, conservative measures should be applied, then if the patient continues to have pain that persists beyond the anticipated time of healing, without plans for curative treatment, the chronic pain medical treatment guidelines apply. In this particular situation, the knee complaint resolved; but unfortunately, the injured worker had to be operated on for degenerative problems of the hip. This problem is not a work related condition; therefore, if the injured work subsequently develops knee problems, it is due to a referred pain from the hip pathology, not the knee itself. Physical Therapy 2xweek x6/weeks left knee is not medically necessary.

Physical Therapy 2xwk x6/wks, left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, physical therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23.

Decision rationale: While she may need physical therapy for the Foot drop, the foot drop is not as a result of the fall. It is a complication of the Hip replacement surgery for severe osteoarthritis, a pre-existing condition before the fall. Therefore, it is not medically necessary to do physical therapy based on the work injury. Therefore, Physical Therapy 2xweek x6/weeks, left foot is not medically necessary.