

Case Number:	CM14-0070169		
Date Assigned:	07/16/2014	Date of Injury:	06/24/2008
Decision Date:	08/14/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/15/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 34 year old with a work injury dated 6/24/08. The injury affected both knees, left hip and lumbar spine. She is status post left hip acetabular fracture with open reduction and internal fixation on 6/27/08; status post left knee arthroscopy in September 2012, patellofemoral chondromalacia, and lumbar disc degeneration. She had persistent left knee pain post operatively. Under consideration is a request for the medical necessity of 32 Physical Therapy Sessions. There is an orthopedic progress report dated 3/24/09 that states that the patient has left knee pain, groin and thigh pain. An MRI of the left knee was reported negative. On exam she ambulates with crutches and antalgic gait. There is a well healed incision on the left gluteal and thigh region. The range of motion of the left hip is 0-90 with flexion, 40 degrees external rotation and 20 degrees internal rotation. Passive range of motion is mildly uncomfortable. The patient is neurovascularly intact. On exam of the left knee there is evidence of moderate quadriceps atrophy. Range of motion is from 0 to 90 degrees with trepidation. There is no effusion. The patient is tender over her anterior tibial tubercle. She is non-tender over her patellar tendon. She has no medial or lateral joint line tenderness. The patellar exam is normal. She is otherwise ligamentously and neurovascularly intact and stable. A left hip x-ray revealed hardware in good position. A left knee MRI was negative. The treatment plan included a left knee steroid injection and a recommendation for more physical therapy due to atrophy. Per the prior utilization review dated 5/2/14 the patient had completed 42 physical therapy sessions. However, a previous utilization review noted that the patient has had 54 physical therapy visits and 7 acute rehabilitation visits certified to date for this injury. The last authorization of physical therapy was for 12 visits on 11/13/08. A request for 24 physical therapy visits was non-certified in review because the patient has not had significant functional improvement with previous physical

therapy received to date and had exceeded guideline recommendations (24 visits over 10 weeks). The provider had submitted a request for 12 additional physical therapy visits for left knee rehabilitation and because of residual left hip stiffness in review which was certified with a modification of a continued 9 physical therapy visits dated 04/09/2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

32 Physical Therapy Sessions (DOS: 6/4/09, 6/9/09, 6/11/09, 6/16/09, 6/23/09, 6/30/09, 7/2/09, 7/9/09, 7/29/09, 8/3/09, 8/6/09, 8/4/09, 8/13/09, 8/19/09, 8/20/09, 8/24/09, 9/2/09, 9/3/09, 9/23/09, 9/28/09, 9/29/09, 10/1/09, 10/6/09, 10/7/09, 10/12/09, 10/21/09, 10/22/09, 10/26/09, 10/27/09, 10/29/09): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Hip and Pelvis (Acute and Chronic), Procedure Summary - Hip, Procedure/Topic: Physical Medicine Treatment Official Disability Guidelines, Knee and Leg (Acute and Chronic), Procedure Summary - Knee and Leg, Procedure/Topic: Physical Medicine Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): p. 98-99, Postsurgical Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Procedure Summary - Hip, Physical medicine treatment; Fracture of pelvis (ICD9 808).

Decision rationale: The ODG and the California MTUS post surgical guidelines recommend up to 24 postsurgical visits for the patient's hip surgery. The MTUS guidelines recommend up to 10 visits for knee pain. The documentation submitted reveals that the patient has had at least 60 PT sessions without significant evidence of functional improvement. The physical therapy visits with date of service 6/4/09, 6/9/09, 6/11/09, 6/16/09, 6/23/09, 6/30/09, 7/2/09, 7/9/09, 7/29/09, 8/3/09, 8/6/09, 8/4/09, 8/13/09, 8/19/09, 8/20/09, 8/24/09, 9/2/09, 9/3/09, 9/23/09, 9/28/09, 9/29/09, 10/1/09, 10/6/09, 10/7/09, 10/12/09, 10/21/09, 10/22/09, 10/26/09, 10/27/09, 10/29/09 do not reveal objective findings of functional improvement or significant improvement in pain. Without evidence of these findings and the fact that the patient has exceeded guideline recommendations for her condition without improvement the medical necessity of these visits cannot be deemed as necessary. The patient should be well versed in a home exercise program. Such as, thirty-two (32) Physical Therapy Sessions is not medically necessary and appropriate.