

<b>Case Number:</b>	CM14-0075181		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/13/2007
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Interventional Spine 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 patient is a 46 year old female with an injury date of 02/13/07. Per the 04/24/14 progress report by [REDACTED] and the 04/01/14 AME reports, the patient presents with mild to moderate aching in the right knee, worse with walking. She has moderate sharp right hip pain worse with activity. Except for a 4 week period, the patient has not worked since 2007. The patient's diagnoses include: 1.Chondromalacia patellae. 2. Enthesopathy of hip. The utilization review being challenged is dated 05/07/14. Treatment reports were provided from 01/13/14 to 04/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 8 Right Hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

**Decision rationale:** The patient presents with right knee pain. The treater is requesting for 8 physical therapy sessions for the right hip of unknown duration. MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia,

neuritis, and radiculitis, 8-10 visits are recommended. The reviewed reports document 4 physical therapy sessions starting 11/20/13. The 04/24/14 progress report states the patient had a year of physical therapy for the foot, knee and hip. The number of visits and dates were not discussed. In this case, the treater has not provided a full record of physical therapy sessions so it is unknown how many sessions the patient has received and what functional improvement has been obtained. The treater does not discuss objective goals of additional physical therapy and why there has been to no transition to a home treatment program. MTUS guidelines page 8 require the treater to monitor the patient's progress and make appropriate recommendations. Recommendation is for denial.