

Case Number:	CM13-0066412		
Date Assigned:	01/03/2014	Date of Injury:	08/29/2012
Decision Date:	01/28/2015	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/16/2013

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 Internal 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:

The injured worker (IW) is a 39-year-old woman with a date of injury of August 29, 2012. The mechanism of injury was not documented in the medical record. The IW has been diagnosed with knee strain. The IW underwent left knee arthroscopic lateral meniscectomy and debridement on May 9, 2013. Pursuant to the progress note dated October 18, 2014, the IW reports that she has 1 remaining physical therapy (PT) session to the left knee. She continues exercises on her own at 2 times a week between sessions. Left knee pain is 4/10 without medications. The IW complains of increased pain to the right hip, which started 1 month after the knee surgery. Physical examination reveals left knee has full extension. Moderated tenderness to palpation (TTP) at the medial joint line and medial tibial plateau. Minimal crepitus is noted. Right hip flexion remains 80, extension 20, with pain on flexion. She has TTP over the greater trochanteric and ITB. The treating physician is recommending refills of medication including topical cream, Ibuprofen 800mg, and Tramadol 50mg, Physical therapy is recommended to the right hip. The current request is for Physical therapy to the right hip at 2 times a week for 4 weeks (8 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the right hip two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pelvis and Hip Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right hip two times a week for four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patients moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The Official Disability Guidelines enumerate the frequency and duration for physical therapy according to the disease state. In this case, the injured worker's diagnosis is strained knee; status post arthroscopy on progress note dated October 18, 2013. The documentation indicates the patient has one remaining session of authorized physical therapy. The injured worker continues exercises on her own two times a week between sessions. There is increasing pain to the right hip that started about one month after surgery and has become increasingly worse. Physical examination indicates pain on flexion and palpation over the greater trochanter. The treatment plan states physical therapy to right hip for mobilization and stretching, pain control secondary to altered gait status post left knee arthroscopy. The treating physician requested eight physical therapy sessions. The guidelines recommend a six visit clinical trial. The documentation does not support a trial of physical therapy to the right hip. The injured worker has received physical therapy to the affected knee and should be well-versed in stretching exercises. The request has exceeded the recommended guidelines. Consequently, absent the appropriate clinical documentation, clinical rationale and clinical indication for physical therapy to the right hip, physical therapy to the right hip two times a week for four weeks is not medically necessary.