

Case Number:	CM15-0131913		
Date Assigned:	07/20/2015	Date of Injury:	04/26/2009
Decision Date:	08/14/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 34 year old male who sustained an industrial injury on 4-26-09. Diagnoses are status post left hip arthroplasty with acetabuloplasty and femoroplasty, labral tear with chondroplasty and acetabular defect, status post left knee arthroscopy with partial medial meniscectomy and previous meniscus repair, left knee chondroplasty of the patella and lateral tibial plateau with anterior interval revision release, right knee pain, rule out meniscus tear, and right hip anterolateral pain. In a progress note dated 2-12-15, a treating physician notes the injured worker is 4 months status post left hip arthroscopy. He is still having some symptoms but is tolerating daily activity. He is doing a home therapy program and requiring an anti-inflammatory with occasional need for breakthrough medicine. In a progress note dated 5-14-15, the physician reports there is mild patellofemoral compression pain. The right knee shows tenderness to palpation. Bilateral knees can be improved and treated with physical therapy. Work status is full duty at work. The requested treatment is physical therapy for both knees for a quantity of 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Both Knees, Qty 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in April 2009 and is being treated for bilateral knee and hip pain. He has right hip impingement and a history of a left total hip replacement. When seen, his BMI was nearly 33. There was hip pain with impingement testing. Stinchfield testing was positive on the right. There was left iliotibial band tenderness with positive Ober's testing. There was right pes anserine bursa tenderness. Physical therapy was requested. Guidelines recommend up to 9 physical therapy sessions over 8 weeks for the treatment of the claimant's condition. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of either of these recommendations. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.