

Case Number:	CM15-0188010		
Date Assigned:	09/29/2015	Date of Injury:	09/02/2000
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/24/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63 year old female, who sustained an industrial injury on 09-02-2000. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right knee osteoarthritis and right hip tendinitis. Medical records (04-03-2015 to 09-09-2015) indicate ongoing right hip pain, and decreased right knee pain. Right knee pain levels were 5-9 out of 10 on a visual analog scale (VAS) prior to physical therapy (PT) on 04-03-2015. Records also indicate improved activity levels. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-09-2015, revealed worsening right lateral hip pain, positive Fabere's test, restricted range of motion (ROM) in the right hip, tenderness to palpation in the right hip, restricted ROM in the right knee, trace effusion to the right knee, and a positive patella grind test. Relevant treatments have included: right knee arthroscopy (02-2015), injections, at least 12 sessions of post-op PT for the right knee resulting in meeting 75-90% of goals (including increased ROM, improved gait, increased strength and independence with home exercise program), home exercise program, work restrictions, and pain medications. A Stationary bike was requested 07-22-2015 in lieu of additional PT for the right knee. The request for authorization was not specific in regards to which hip the PT was requested for; however, the utilization review letter (09-09-2015) states that the following therapy was requested: 12 (3x4) sessions of PT for the right knee and left hip. The original utilization review (09-16-2015) non-certified the request for 12 (3x4) sessions of PT for the right knee and left hip. The physical exam findings are all regarding the right hip and a right hip injection was given. The records also state that the right knee pain was at least temporarily resolved with a prior steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the right knee and left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: MTUS Post Surgical Guidelines recommend up to 12 post operative sessions of supervised physical therapy which this patient has completed. The request for an additional 12 sessions of therapy is not supported by Guidelines as there are no unusual circumstances or complications noted (adhesion's or infection). In addition, the narratives state she has done very well s/p a recent steroid injection. Regarding the left hip physical therapy, the recent narratives document only a right sided exam, injection, and diagnosis of tendonitis. ODG Guideline addresses this and recommends up to 9 sessions of therapy as adequate (assuming that the request was in error regarding right vs. left). There are no unusual circumstances to justify an exception to Guidelines. The request for the physical therapy 3 times a week for 4 weeks for the right knee and left hip is not supported by Guidelines and is not medically necessary.