

Case Number:	CM15-0198948		
Date Assigned:	10/14/2015	Date of Injury:	08/22/2014
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 an 83-year-old male, who sustained an industrial injury on 8-22-2014. Medical records indicate the worker is undergoing treatment for bilateral hip joint arthritis. The most recent progress report dated 5-4-2015, reported the injured worker complained of being stiff when getting up from a seated position. Physical examination revealed station and gait are antalgic when he first arises from the seated position. X rays showed bilateral hip joint arthritis. Treatment to date has included 6 visits of physical therapy and medication management. The physician is requesting Physical therapy 2 times a week for 4 weeks (8 visits) for hip, knee and lower extremities. On 9-14-2015, the Utilization Review modified the request for Physical therapy 2 times a week for 4 weeks (8 visits) for hip, knee and lower extremities to 4 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for hip, knee, lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy 2 times a week for 4 weeks for hip, knee, lower extremities is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. There are no extenuating factors, which would necessitate 8 more supervised therapy visits which would further exceed MTUS Guidelines. For these reasons, the request for PT is not medically necessary.