

<b>Case Number:</b>	CM15-0224437		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	05/06/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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:

This is a 56 year old female who sustained a work-related injury on 5-6-15. Medical record documentation on 10-28-15 revealed the injured worker was being treated for pain in the right knee, pain in the right ankle and joints of the right foot, and bursitis and sprain of the lumbar spine ligaments. She reported continued pain in the right greater trochanter and was participating in physical therapy for the low back, thigh, knee and ankle. She reported that therapy was going well. She had four sessions remaining. Objective findings included ambulation without assistance. The injured worker's sub trochanteric bursa on the right hip was tender to palpation. The injured worker was administered a right trochanteric bursa steroid injection. An MRI of the right lower extremity on 6-8-15 revealed probable tearing of the anterosuperior right labrum, and mild right hip osteoarthritis. An MRI of the right knee on 6-8-15 revealed no evidence of meniscal tear, mild mucoid degeneration of the anterior cruciate ligament, and probable full-thickness chondral defect at the median ridge of the patella. An MRI of the right ankle on 9-16-15 revealed attenuation of the right calcaneofibular ligament due to chronic right ankle inversion injury, mild subchondral bone bruise involving the medial portion of the right tibial plafond, severe tendinosis of the right Achilles tendon and Achilles paratenonitis, Tenosynovitis involving the right peroneus longus and brevis tendons, small right tibiotalar joint effusion, calcaneal spur at the origin of the right plantar fascia, mild non-specific subcutaneous edema in the anterior, medial and lateral portions of the right ankle. A request for physical therapy for the low back, thigh, right knee and right ankle per 10-28-2015 order #6 was received on 10-30-15.

On 11-13-15, the Utilization Review physician determined physical therapy for the low back, thigh, right knee and right ankle per 10-28-2015 order #6 was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy for the low back, thigh, right knee, and right ankle, quantity: 6 sessions per 10/28/15 order: Upheld**

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

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

**Decision rationale:** The claimant sustained a work injury occurring in May 2015 when she fell while descending a spiral staircase with injuries to the right lower extremity. An MRI of the right hip showed findings of labral tear and mild osteoarthritis and an MRI of the right knee showed findings of probable full thickness medial ridge patellar chondral defect. Medications were prescribed and a right knee brace was provided. She continues to be treated for chronic right hip, knee, and ankle pain and back pain with pain into her right leg. In July 2015, she was referred for physical therapy and started treatments on 08/01/15. As 10/08/15, she had completed 11 treatment sessions. When seen on 10/28/15 she reported that physical therapy was going well but that she only had four remaining treatments. Physical examination findings included right subtrochanteric bursa tenderness. A trochanteric bursa injection was performed with ultrasound guidance. Authorization was requested for six additional sessions of physical therapy. In terms of physical therapy for the claimant's condition, guidelines recommend up to 12 treatment sessions over 8 weeks and up to 1-2 treatments sessions over 1 week after the injection that was performed. In this case, although the claimant had already completed the recommended number of treatments, additional treatments were remaining. The number of additional visits requested is in excess of that recommended or what might be expected to finalize the claimant's home exercise program. A reassessment after completing all planned treatments would be expected in order to determine whether additional therapy was needed or likely to be effective. The request is not considered medically necessary.