

Case Number:	CM15-0052208		
Date Assigned:	03/25/2015	Date of Injury:	05/26/2011
Decision Date:	05/11/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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: Physical Medicine & Rehabilitation

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 42-year-old female, who sustained an industrial injury on 5/26/2011. Diagnoses have included joint pain in leg and pelvis. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine, knee surgery, hip surgery, injections, physical therapy and medication. According to the progress report dated 2/26/2015, the injured worker complained of soreness in the low back, right hip and left knee. She was noted to have lost about 21 pounds. She was taking Norco daily. Authorization was requested for continued physical therapy twice a week for six weeks for the right hip, left hip and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 2 times a week for 6 weeks to the right hip, left hip, and left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient has a date of injury of 05/26/11 and presents with low back, right hip and left knee pain. The patient is status post hip surgery on 07/23/14. The current request is for Continued Physical Therapy 2 times a week for 6 weeks to the Right Hip, Left Hip and Left Knee. The patient is outside of the post-surgical time frame. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.?" MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. The Utilization review letter dated 03/04/15 states that the patient received 20 PT sessions between 07/23/14 and 09/20/14, following the hip surgery. It is unclear if the patient has had any physical therapy for her knee complaints. In this case, the request for 12 sessions exceeds what is recommended by MTUS. Furthermore, the patient recently underwent 20 sessions and the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy is not medically necessary.