

Case Number:	CM15-0112059		
Date Assigned:	06/18/2015	Date of Injury:	01/15/2014
Decision Date:	07/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/10/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 45-year-old female patient, who sustained an industrial injury on 1/15/2014. She reported tripped and fell resulting in a knee injury. Diagnoses include right knee joint/leg pain. Per the doctor's note dated 5/5/2015, she had complaints of bilateral knee pain and left hip pain. She had complaints of right knee pain rated 7/10 VAS at worst with movement. The physical examination revealed mild effusion and swelling of the right knee and thirty degrees of flexion that the provider documented as "frozen knee"; left hip - full range of motion and pain with flexion and extension. The medications list includes Norco and Celebrex. She has undergone right knee surgery on 8/21/2014. Treatments to date include activity modification, medication management, physical therapy, acupuncture treatments, and cortisone joint injections. The plan of care included twelve physical therapy sessions, three times a week for four weeks for the left hip as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy 3 times a week for 4 weeks for the left hip as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis (Acute & Chronic) (updated 10/09/2014).

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

Decision rationale: Q-- 12 physical therapy 3 times a week for 4 weeks for the left hip as an outpatient. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified number of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." In addition, patient had full range of motion of the left hip. Significant functional deficits that would require additional physical therapy is not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of 12 physical therapy 3 times a week for 4 weeks for the left hip as an outpatient is not medically necessary for this patient at this time.