

<b>Case Number:</b>	CM15-0074563		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	12/04/2009
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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, North Carolina  
 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:

The injured worker is a 51 year old female, who sustained an industrial/work injury on 12/4/09. She reported initial complaints of right knee and hip pain. The injured worker was diagnosed as having right knee strain, tear to medial meniscus of knee, and osteoarthritis. Treatment to date has included medication. Currently, the injured worker complains of a flare up of right knee pain with stiffness that has been constant the last two weeks and hip pain rated 7/10. Per the primary physician's progress report (PR-2) on 2/24/15, examination revealed right knee medial joint tenderness, left hip tender over trochanter area with positive Faber's test. The requested treatments include physical therapy for the right knee/ leg and left hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x 4 weeks for the Right Knee/ Leg and Left Hip: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant suffered an industrial injury in 2009. In 2015 she presented for right knee pain and stiffness for 2 weeks and left hip pain. CA MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance function, range of motion and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain treatment levels. Since the injury dates to 2009, there is no documentation presented that the patient's musculoskeletal deficits cannot be addressed by a home exercise program. There is also no documentation of functional or vocational improvement from past physical therapy sessions. Therefore the request is deemed not medically necessary at this time.