

<b>Case Number:</b>	CM14-0117740		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55 years old with an injury date on 10/30/2013. Based on the 06/26/2014 progress report provided by [REDACTED], the diagnoses are: 1. Loc prim osteoart-L/Leg. 2. Sprain of knee & leg Nos. 3. Enthesopathy of hip. 4. Sprain/strain left knee. 5. Trochanteric bursitis left hip. According to this report, the patient complains of left leg and knee pain. Pain is rated at a 5/10. The patient noted an increasing discomfort in her left thigh extending from the lateral aspect of the knee to the lateral aspect of the hip. The patient "feels that the symptoms have developed as a result of her physical therapy." Physical exam reveals tenderness over the trochanteric bursa of the left hip. Hip flexion and adduction reproduced pain across the lateral aspect of the hip. There were no other significant findings noted on this report. The utilization review denied the request on 07/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/16/2013 to 08/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**physical therapy (PT) 2 x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Knee: dislocation of knee

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

**Decision rationale:** According to the 06/26/2014 report by [REDACTED] this patient presents with leg and knee pain. The treater is requesting physical therapy 2 times a week for 3 weeks. The utilization review denial letter states "Claimant has previously had 12 sessions." Time-frame for these treatments is not clear. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. However, the treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Given the patient's had completed 12 sessions per UR, the requested 6 additional sessions would exceed what is recommended by MTUS for this kind of condition. Recommendation is for denial.