

Case Number:	CM13-0006931		
Date Assigned:	12/27/2013	Date of Injury:	12/15/2008
Decision Date:	01/28/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 physician 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 62-year-old male who reported injury on 12/05/2008 with the mechanism of injury being the patient fell out of the bus by missing a step and falling forward. The patient was noted to catch himself on a second bus. The patient was noted to injure his left hip. The patient's diagnoses were noted to include iliopsoas tendinitis, status post left total hip replacement 03/14/2011 with component of trochanteric bursitis, and status post left hip arthroscopy with partial synovectomy and iliopsoas tendon release on 04/22/2013. The request was made for 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (12 sessions): 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): 98-99.

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue

injuries. Treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis and 8 visits to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The patient was noted to have a total hip replacement on 03/14/2011 and then to develop left iliopsoas tendinosis, which required a surgical intervention on 04/22/2013. The patient was noted to ambulate with a slight limp. The patient was noted to have weakness in hip abduction at 3+/5 and left hip flexion of 3-/5 and ABD 3/5 in the supine position. The clinical documentation submitted for review indicated that the patient had 9 sessions of physical therapy and request was made for physical therapy to evaluate and treat 3 times a week for 4 weeks for range of motion, strengthening, and stretching. The documentation failed to indicate the patient's remaining functional deficits. Additionally, it failed to provide documentation of an assessment and re-assessment with indications that the patient was moving in a positive, forward direction and it failed to support a necessity for 12 additional sessions of physical therapy. There was a lack of documentation indicating what body part the physical therapy was for. Given the above, the request for 12 sessions of physical therapy is not medically necessary.