

Case Number:	CM13-0008922		
Date Assigned:	09/09/2013	Date of Injury:	08/01/2012
Decision Date:	01/07/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/08/2013

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 Orthopedic Surgery, 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 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 50-year-old female who reported injury on 08/12/2012 with mechanism of injury being the patient had a slip and fall. The patient was noted to have an MRI on 08/01/2012, was noted to participate in physical therapy, use of a TENS unit, and use of heat as well as medications and rest. The patient's diagnoses were noted to include left hip sprain/strain with MRI showing minimal osteoarthritis and mild gluteus minimus tendinopathy and bilateral groin sprain/strain. The request was made for physical therapy to the lumbar and left hip, hot and cold wrap purchase for the lumbar spine, TENS unit purchase for the lumbar spine, and right hip MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar and left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines 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. 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. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated that the patient had participated in 12 sessions of physical therapy and a home exercise program and there was lack of documentation indicated the patient's response to the therapy as well as remaining functional deficits. The request for therapy was noted to be, per the office note of 07/10/2013, for 12 sessions to improve the patient's strength, motion and function. However, the clinical documentation failed to provide the patient objective functional response to the prior physical therapy to support continued therapy. Given the above, the request for PT to the lumbar and left hip is not medically necessary.

Hot and cold wrap purchase for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale:

TENS unit for purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale:

Right hip MRI: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: