

<b>Case Number:</b>	CM13-0023750		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/14/2010
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine, 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:

This patient is a 68-year-old female with date of injury 7/14/10 with complaints of left hip pain. The injured worker is diagnosed with left femoral neck fracture status post pinning with overlying trochanteric bursitis, and enthesopathy of the hip region. The injured worker had ORIF (Open Reduction Internal Fixature) of the left hip with cannulated screws on 7/16/10 and had postoperative physical therapy and home exercise program. The injured worker's treatments include medications, PT, and cortisone steroid injections. Date of UR decision is 8/20/13. The latest document available for this review was dated 11/5/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Physical Therapy Visits for the Left Hip: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Medicine.

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

**Decision rationale:** With regard to physical medicine guidelines, MTUS Chronic Pain Medical Treatment Guidelines, pg 99 recommends 9-10 visits over 8 weeks (without specification of the

duration of each session) for cases of myalgia and myositis, unspecified. Per physical therapy progress report dated 9/24/13, the injured worker has attended 4/6 physical therapy sessions and experienced some temporary relief from iontophoresis as well as an increase in hip abduction strength, but continues to need further strengthening. It was also noted that the injured worker has a fair rehabilitation potential. Goal is to increase strength of the affected extremity musculature to 4/5 in order for the patient to perform activities of daily living without modification or difficulty. Because an additional 8 physical therapy sessions would be in excess of the MTUS recommended 10, this request is not medically necessary. Of note, the UR physician documented a conversation with the treating provider and noted " [REDACTED] agreed to treatment modification to trial of 6 sessions not to exceed 45-60 minutes per session to address functional deficits."