

Case Number:	CM13-0025885		
Date Assigned:	01/10/2014	Date of Injury:	09/13/2012
Decision Date:	06/05/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

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 Anesthesiology and is licensed to practice in Massachusetts, New Jersey, Connecticut and 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 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 year old female whose date of injury is 09/13/2012. The patient injured her hip when she slipped and fell. The patient underwent open repair of right hamstring avulsion on 01/24/13 and has been authorized for at least 20 postoperative physical therapy visits. Progress report dated 12/18/13 indicates that the patient continues to have discomfort in the right aspect from her hamstring repair. There are no changes. She cannot sit for a period of time without discomfort. On physical examination pain is rated as 5/10. Examination of the right leg shows tenderness around the previous repair site. This is possibly tender around the sciatic nerve as well. The patient is grossly distally neurovascularly intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS BETWEEN 9/3/2013 AND 11/2/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hip, Pelvis and Thigh(femur)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Page(s): 58-60.

Decision rationale: The patient had undergone extensive physical therapy prior to 09/03/13 and should have been well-versed in a home exercise program. CA MTUS guidelines support 1-2 visits of physical therapy every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no clear rationale provided as to why any remaining deficits could not have been addressed with an independent, self-directed home exercise program. The request for Physical Therapy is not medically necessary.