

Case Number:	CM13-0029264		
Date Assigned:	11/01/2013	Date of Injury:	08/23/2010
Decision Date:	09/17/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine and Rehabilitation 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 26-year-old female who has submitted a claim for lumbar radiculopathy and chronic pain syndrome associated with an industrial injury date of 08/23/2010. Medical records from 06/18/2013 to 09/25/2013 were reviewed and showed that patient complained of low back and hip pain graded 6/10. Physical examination revealed tenderness over lumbar paraspinal muscles and diffuse hip pain. MMT, DTRs, and sensation to light touch of lower extremities were intact. SLR test was negative bilaterally. MRI of the lumbar spine dated 05/14/2012 revealed L4-5 disc bulge and L5-S1 generalized osteophyte complex. Treatment to date has included left hip arthroscopy with labral repair, left hip arthroscopic femoral osteoplasty, left hip arthroscopic acetabuloplasty, and arthroscopic iliopsoas tendon lengthening and release (02/04/2011), 36 visits of physical therapy, activity modification, and pain medications. Utilization review dated 09/25/2013 denied the request for additional PT for the low back and left hip because there were no findings of progressive deficit to support need for further physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed 36 visits of physical therapy with no documentation of treatment failure. It is unclear as to why the patient cannot self-transition into HEP. Therefore, the request for physical therapy for the low back is not medically necessary.

PHYSICAL THERAPY FOR THE LEFT HIP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed 36 visits of physical therapy with no documentation of treatment failure. It is unclear as to why the patient cannot self-transition into HEP. Therefore, the request for physical therapy for the left hip is not medically necessary.