

Case Number:	CM13-0029937		
Date Assigned:	11/27/2013	Date of Injury:	12/05/2012
Decision Date:	01/24/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/25/2013

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 Occupational 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:

The claimant is a 50-year-old female with date of injury 12/05/2012. The injury occurred when she fell down some stairs landing on her left hip and low back. Since the time of the injury she has been treated primarily by ██████████ assigned a diagnoses of lumbosacral strain, coccygeal contusion, and left hip strain. Over the course of the next 2 months following the injury, the patient underwent conservative therapy consisting of physical therapy, Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S, and Vicodin. Her lumbosacral strain and coccygeal contusion improved with the conservative treatment. The patient continued to complain of left hip pain which prompted an MRI of her lumbar and hips on 02/13/2013. The hip MRI's showed a collection of fluid over the greater trochanter bilaterally, left greater than right, suspicious for trochanteric bursitis. These findings prompted a specialty consult with a spine surgeon and an orthopedic specialist, ██████████, on 04/22/2013. ██████████ eventually injected the bursa of the left hip which initially helped with the patient's pain, but only for a few weeks. The claimant has had chronic pain in her left hip since that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT) Two (2) times a week for Three (3) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- TWC,

ODG Treatment, Intergrated Treatment/Disability Guidelines, Hip and Pelvis (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

Decision rationale: The medical record shows that the claimant has had left hip pain for over a year. Physical therapy initiated over the first 2 months following the injury produced gains in range of motion and increased functional capacity. Unfortunately, she was never free of her left hip pain. Once diagnosed by [REDACTED] with left hip trochanteric bursitis, additional physical therapy was ordered which actually worsened the patient's condition. Her left hip pain increased and her functional capacity decreased. Physical therapy has not been shown to be helpful to cure or relieve this claimant's left hip bursitis or to increase her functional capacity.