MAXIMUS Federal Services

Case Number:	CM13-0030627		
Date Assigned:	11/27/2013	Date of Injury:	11/12/2012
Decision Date:	01/24/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/30/2013

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 PM&R, 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 53 year old female who reported an injury on 11/12/2012. The mechanism of injury was not reported. The patient complained of pain to hips, lower back, pelvis and mainly her pubic bone. The patient stated the pain would start at a 2/10 and increase to a 7/10 with radiation to her right buttock. The orthopedic evaluation physical examination for the lumbar showed decreased range of motion, antalgic gait on the right side and focal tenderness at L4-5 and L5-S1 as well as superior iliac crest. The physical examination of the bilateral anterior groin showed tenderness along the superior and inferior pubic ram, tenderness along the sacroiliac joint more so on the left, positive Patrick and Gaenslen's. The patient was diagnosed with a non-displaced fracture of the right inferior pubic ramus, left superior pubic ramus as well as degenerative changes of the lower lumbar spine bilateral sacroiliac joint, pubic synthesis as well as the left hip confirmed by CT scan and spondylosis lumbar spine as well as bilateral superior iliac degeneration. The patient was treated with medication and had 37 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment does recommend physical therapy. 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 exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2); 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):; and 24 visits over 16 weeks The clinical documentation submitted for review stated the patient had 45 sessions of physical therapy prior to this request. The clinical documentation does not indicate the efficacy of the patient's previous therapy sessions. As such, this request is non-certified.