

Case Number:	CM13-0031937		
Date Assigned:	12/04/2013	Date of Injury:	01/07/2011
Decision Date:	02/18/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

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 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 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 46-year-old female who was injured on 01/07/2011 while working as a phlebotomist. The patient was reportedly walking and slipped and fell in some water and landed on her buttock very hard. The patient was initially given an injection for pain and returned to work full time, but complained of pain to her buttock as well as her back. The patient was placed on light duty restrictions a month later. An MRI of the lumbosacral spine revealed 2 disc herniations; therefore, the patient tried acupuncture. The patient continued to have complaints of right hip pain, making it difficult to walk without pain, with prolonged sitting and walking increasing her pain. The patient states that her hip gets stuck when she tries to get "un-stuck" to work. The pain is more intense. She further states that the pain radiates down the back of her right leg and complains of pain in her left hip, which is increased with prolonged walking. The patient also stated that she has had numbness and tingling in both of her feet for the last 6 months. This is prior to the documentation date of 09/18/2013. The patient has been diagnosed with right hip degenerative arthritis secondary to an industrial-related fall, and left hip degenerative arthritis also associated with the industrial related fall.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 in Home Physical Therapy Visits for the Right Hip for 2x wk for 3 weeks as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Under California MTUS, it states that physical medicine/active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial 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. Patients are allowed 9 visits to 10 visits over 8 weeks for myalgia and myositis unspecified, and 8 visits to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. Although the patient would benefit from physical therapy, the requested service is unclear as to whether or not the physician wants the physical therapy performed in the patient's home or if the patient is to participate in an outpatient clinic. Therefore, at this time, without having a clear indication what the physician is requesting, the 6 in Home Physical Therapy Visits for the Right Hip for 2x wk for 3 weeks as an Outpatient cannot be warranted at this time. As such, the requested service is non-certified.