

Case Number:	CM13-0037072		
Date Assigned:	03/03/2014	Date of Injury:	09/27/2012
Decision Date:	05/23/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/22/2013

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 53 year old male with an injury from 9/27/12 from climbing out of a truck, missing a step and landing on his back as a result that left him with lower back and right pelvic/hip pain since. He also injured his right shoulder during this time. On 4/19/13, he saw his orthopedic physician who recommended he start physical therapy for his back and hip pain. He was also diagnosed with hip bursitis at that time. Although he had been receiving physical therapy for his shoulder soon after the injury, he started with physical therapy specifically for his lower back and hip pain starting on 4/23/13 for at least 38 sessions, from what is seen in the documents provided. The last session for his lower back and hip pain was documented on 9/27/13. The worker's physical therapist prescribed home exercises during this time frame, which the worker had been doing in between his therapy sessions. The worker also was reportedly using a TENS unit for lower back and right hip pain control at home with some success.

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 AND RIGHT HIP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE, Page(s): 98-99.

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, according to the records provided demonstrated compliance with the prescribed home exercise program, and also has exceeded the 10 visit maximum without any reported significant gains in function related to the last few visits, therefore the physical therapy for low back and right hip pain is not medically necessary.