

<b>Case Number:</b>	CM13-0037364		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/27/1986
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine & Rehabilitation and is licensed to practice in New York and Texas. 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 74 year old female who reported an injury on 10/27/1986. The patient is currently diagnosed with hip arthritis, greater trochanteric bursitis, hip pain, after care following joint replacement surgery, and lumbar radiculitis. The patient was seen by [REDACTED] on 09/11/2013. The patient reported ongoing pain to the left groin and left anterior and lateral thigh. The patient reported mild improvement in symptoms while receiving physical therapy. Physical examination revealed antalgic gait, good flexibility, tenderness at the greater trochanter, pain with piriformis stretching, normal active range of motion, decreased left hip strength, and intact sensation. Treatment recommendations included continuation 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 1 x 6 to left hip:** 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 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Physical Therapy.

**Decision rationale:** The California MTUS Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The Official Disability Guidelines state treatment for osteoarthritis and sprains and strains of the hip and thigh includes 9 visits over 8 weeks. As per the clinical notes submitted, the patient has previously participated in physical therapy. The patient reported only mild improvement in her symptoms following physical therapy. Documentation of the previous course of treatment with efficacy and duration was not provided for review. The patient's latest physical examination does not reveal significant musculoskeletal or neurological deficits that would require ongoing skilled physical medicine treatment. The medical necessity has not been established. As such, the request for physical therapy 1 x 6 to left hip is non-certified.