

<b>Case Number:</b>	CM13-0039499		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Internal Medicine and is licensed to practice in Rhode Island. 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 beneficiary presents with a date of injury of 4/22/13. The beneficiary has low back and hip area pain, diagnosed as lumbar strain and hip bursitis. The beneficiary had physical therapy starting on 7/8/13 and continued through 9/4/13. He has received a tendon injection on 9/25/13 and a request for a further course of physical therapy. There has been partial relief with setbacks primarily in hip area pain with bursitis.. The exam shows full range of motion (ROM) at hips, no motor loss, reflexes 2 plus in lower extremities. Straight leg is negative. The primary complaint is for pain in the hip area, with minimal back and no focal findings on lumbar exam. The request is for further physical therapy starting 10/8/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x wk x4 wks- low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 5/10/2013).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

**Decision rationale:** The beneficiary has undergone a full course of physical therapy (3x per week) with tendon injection over a 5 month period of time. ODG recommends ten visits over 8 weeks. This amount has been completed and no medical necessity exists for further physical therapy per ODG guidelines. There is no neurologic deficit and no surgery is planned. The beneficiary's primary pain and complaint is in the hip area and not the low back. He will not benefit from more PT for the low back at this time. The request specifically states low back. Guidelines above state 3 times per week for a limited time of 4-6 weeks, which has been exceeded.