

Case Number:	CM13-0040960		
Date Assigned:	04/25/2014	Date of Injury:	08/29/2008
Decision Date:	07/30/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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 patient is a 49 year old female who was injured on 8/29/08; while she was running to her car from the faculty room, her left ankle rolled toward the lateral side and her body fell in the opposite direction. She states that her right hip, shoulder, and elbow took the impact on the ground. Prior treatment history has included cortisone injections to her right hip which helped her greatly. A right hip x-ray from 6/12/13 showed mild to moderate degenerative changes. A PR-2 dated 9/24/13 documented the patient with a history of chronic low back pain, right lateral lumbar pain, lumbar myofascial pain, sacroiliitis, right ischial gluteal bursitis, hypertension, anxiety, OCD, migraines, depression, PTSD, right lateral epicondylitis, and cervical radiculopathy. Her right leg has been very bothersome. She had to use a cane to help her ambulate. She continues with the aqua exercises to her best ability, but is limited by pain. She had a right hip MRI on 8/27/13 that demonstrated femoral acetabular impingement. She has not had physical therapy specifically for that. Her medications remain stable with Cymbalta 60 mg, Lyrica 225 mg, Trazodone 100 mg, Lidoderm patches, and Zanaflex 4 mg. She has tenderness with palpation of the right sacroiliac joint. Patrick's test is positive. Fortin's finger test is positive. Gaenslen's test is positive. She also has tenderness along the right hip. She has an antalgic gait and functional strength. Diagnoses include lumbar back pain, myofascial pain syndrome, and sacroiliitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that active therapy can be beneficial at restoring flexibility, strength, endurance, function, and range of motion. The requesting provider sites his reason for the request based on the latest MRI finding of femoral acetabular impingement. It is documented in the 9/24/13 report that the patient is continuing with aqua exercises to her best ability, but is limited by the pain. Aqua therapy has been documented as far back as 4/30/13 with a questionable compliance noted on the 7/16/13 follow-up visit; it was reported that the patient goes to her aqua aerobics "when she has a chance." Given the lack of progress with the documented aqua therapy, the duration of therapy requested, and the lack of documented success in the past, the request is not medically necessary.