

<b>Case Number:</b>	CM13-0041003		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 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:

This 37 year-old male sustained an injury on 6/8/12 while employed by [REDACTED]. Request under consideration include 6 sessions of physical therapy for the left groin area. Report of 9/17/13 from [REDACTED] noted patient is s/p ilioinguinal/ iliohypogastric nerve block on 9/16/13 for left testicular pain secondary to ilioinguinal hernia repair. He still feels swollen and sensitive in the left testicle with pain close to that area. He states it is hard for him to lift light objects due to pain and has trouble with his ADLs. He is taking Tramadol for pain. Exam revealed patient ambulating without assistance and is able to sit comfortably. He has normal affect and converse appropriately. Diagnoses include Causalgia of lower limb with physical therapy 6 sessions requested for left groin. Request was non-certified on 9/25/13, citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left groin area (6 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

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

**Decision rationale:** The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. There is no comprehensive physical examination of the left groin documented for review. The patient apparently has had previous physical therapy that only slightly helped. Submitted reports have not demonstrated specific limitations in ADLs and what objective measurable improvements are set from the additional physical therapy requests. There is no acute flare-up reported and he continues with persistent pain symptoms with unchanged medication profile. At this stage, the patient should have the knowledge and instruction to transition to an independent home exercise program. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints without any clear deficient clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The 6 sessions of physical therapy for the left groin area are not medically necessary and appropriate.