

Case Number:	CM13-0041027		
Date Assigned:	03/21/2014	Date of Injury:	10/09/2012
Decision Date:	04/30/2014	UR Denial Date:	10/17/2013
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 Family Practice, 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 55-year-old female who reported an injury on 10/09/2012. The mechanism of injury was a slip and fall. The documentation of 10/01/2013 revealed the patient had complaints of limping and that the patient could not climb stairs. The patient referred to her left leg, left hip, and left thigh. The patient was requesting a therapy program. The patient had approximately 12 sessions of physical therapy previously. The physician opined that an extended therapy program twice a week for 6 weeks with instructions in home exercise, strengthening exercises, and pool exercises would be adequate. The patient had arthritic joints. The physical examination of the lumbar spine revealed the range of motion was limited in all directions. The examination of the left hip revealed some loss of terminal movement at the left hip and was inclusive of a mild contracture in flexion. The left hip was stable to clinical testing. The range of motion was decreased as compared to the right in flexion, abduction, adduction, external rotation, and internal rotation. The stretch tests were mildly positive in the left leg in recumbency. X-rays of Final Determination Letter for IMR Case Number [REDACTED] the left hip dated 09/13/2013 revealed the patient had moderate osteoarthritis of the left hip with joint space narrowing and osteophyte formation along the acetabular region. The diagnoses included 2 injuries at the job leading to a continued sprain/strain of the left hip with limited range of motion designated as an arthritic hip joint and chronic sprain/strain of the lumbar spine. The treatment plan included to avoid joint replacement surgery the patient should have physical therapy for the left hip twice a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: California MTUS Guidelines recommend physical medicine with passive therapy to provide short-term relief during the early phases of pain treatment and to improve the rate of healing soft tissue injuries. The treatment is recommended for 9 to 10 visits of myalgia and myositis. The clinical documentation submitted for review indicated the patient had 12 sessions of previous therapy. There was lack of documentation of objective functional improvement. The request as submitted failed to indicate what body part the physical therapy was for. Given the above, the request for additional physical therapy 2 times a week for 6 weeks is not medically necessary.