

Case Number:	CM13-0045170		
Date Assigned:	12/27/2013	Date of Injury:	09/04/2013
Decision Date:	07/23/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 44 year old female with a work injury dated 9/4/13. Her diagnoses include left hip sprain, left hip contusion, and hip pain. Under consideration is a request for physical therapy 3 x 2 weeks to the left hip. There is a 10/21/13 office visit note that states that since the last visit, the patient's condition has improved slower than expected. There is a pending trial of chiropractic for the left hip, MRI of the left hip and a Physical Medicine and Rehabilitation (PM&R) consult for the injury. The patient complains of left hip pain that is sharp and dull. The symptoms are intermittent and moderately severe. The patient admits to restricted hip motion. On examination the patient has an abnormal gait - stiffness and slowed gait in the first few steps or with prolonged sitting. The patient has hip crepitus noted with clicking and popping with internal and external rotation of the left hip. The range of the hip and knees are normal. . The Trendelenburg sign is negative for l hip dislocation and abductor weakness, The Patrick and Fabere test is negative for sacroiliac joint pathology. She has no difficulty with heel to toe ambulation Straight leg raise test for sciatic nerve testing is negative. The left and right patella and Achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of both extremities. No muscle weakness of the hips. The treatment plan states that the patient could not tolerate the prednisone and wants to go back to Etodolac. She did not like the side effects of Ultracet. She is to go back to modified duty. There is pending chiropractic treatment. She completed 5/6 physical therapy sessions. She is pending left hip MRI and PM&R consult due to delayed recovery.A 10/16/13 primary treating physician document indicates that the patient's left hip pain is worsening. The treatment plan on this document states that the patient will finish up her last PT sessions (she had 4 PT visits) and will try chiropractic. The second set of PT will be cancelled.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X 2 WEEKS FOR LEFT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG Hip & Pelvis, (Acute & Chronic), Physical Medicine Guidelines.

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

Decision rationale: Physical therapy 3 x 2 weeks for the left hip is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient is not receiving significant benefit from prior PT sessions. Additionally she was already authorized 6 sessions and an additional 6 sessions would exceed the MTUS recommended number of visits for the condition. Without demonstrated efficacy of prior therapy sessions additional physical therapy 3 x 2 weeks for the left hip is not medically necessary.