

Case Number:	CM13-0055619		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2012
Decision Date:	04/02/2014	UR Denial Date:	10/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 patient is a 42-year-old male who reported an injury on 09/15/2012. The mechanism of injury was noted to be a slip and fall. The patient's diagnosis was noted to be a hernia unilateral inguinal. The documentation submitted for review with the DWC Form RFA dated 10/23/2013 requesting physical therapy for the lumbar spine and groin, indicated the patient had pain in the back and posterior right leg with numbness in the anterolateral right leg. The examination revealed the back had some lower tenderness with some pain in the right leg raise and sciatica pain distribution on the right. The plan was noted to include physical therapy for the groin and back after an MRI rules out significant disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy evaluation and treatment of groin: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia Chapter, Physical Therapy.

Decision rationale: Official Disability Guidelines do not recommend physical therapy for a hernia. The clinical documentation submitted for review indicated the patient had a hernia. There was a lack of documentation indicating the patient had a necessity for groin therapy. Additionally, there was a lack of documentation per the submitted request for the quantity of therapy sessions being requested. Given the above, the request for physical therapy evaluation and treatment of the groin is not medically necessary.