

<b>Case Number:</b>	CM13-0062304		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Occupational Medicine 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a [REDACTED] employee who has filed a claim for chronic groin pain reportedly associated with an industrial injury of April 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a right groin hernia repair surgery; CT of the pelvis without contrast of August 5, 2013, notable for a small right-sided inguinal hernia; and the imposition of a 25-pound lifting limitation. In a Utilization Review Report of November 13, 2013, the claims administrator partially certified a request for six sessions of physical therapy at three sessions of physical therapy total. It is not clearly stated how much prior therapy the applicant had. A January 8, 2014 note is notable for comments that the applicant had been authorized for three sessions of physical therapy and was largely unchanged. Persistent right groin pain was noted. Tenderness was noted about the mesh. A 25-pound lifting limitation was endorsed. An earlier note of December 11, 2013 was notable for comments that the applicant had persistent peri-incisional pain, groin pain, and testicular swelling. Pain management consultation and a 25-pound lifting limitation were endorsed. On November 28, 2013, it was stated that the applicant had persistent groin pain. It was stated that the applicant was working modified duty and that a request to pursue physical therapy was initiated. The remainder of the file is surveyed. No physical therapy progress notes were provided. It did not appear that the applicant had had any prior physical therapy throughout 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (2) TIMES A WEEK FOR (3) WEEKS FOR THE RIGHT GROIN:** Overturned

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

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

**Decision rationale:** The six-session course of treatment is compatible with the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the issue seemingly present here. In this case, the applicant is described as having chronic groin pain status post earlier hernia repair surgery. He is apparently not a candidate for nor is actively considering further hernia surgery, to repair a small residual hernia. He has apparently failed to return to regular duty work. A six-session course of therapy to facilitate the claimant's return to regular work and/or transition to home exercise program is therefore indicated, appropriate, and consistent with page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.