

Case Number:	CM13-0071552		
Date Assigned:	01/29/2014	Date of Injury:	04/24/2013
Decision Date:	06/16/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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, 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:

According to the records made available for review, this is a 43-year-old male with a 4/24/13 date of injury. At the time (12/13/13) of request for authorization for 12 physical therapy visit for the left hip, as an outpatient, there is documentation of subjective (constant severe pain in the lumbar spine; severe pain in the left hip, pain described as tingling and numbness) and objective (lumbar spine +4 spasm, tenderness to the bilateral lumbar paraspinal muscles L1-S1, 3+ spasm and tenderness to the left piriformis muscle, restricted and painful range of motion, positive straight leg raise, Braggards and Yeoman's, decreased sensation and weakness in the S1; left hip 4+ spasm and tenderness, decreased and painful range of motion, positive Fabere's, Anvil, and Thomas tests on the left) findings, current diagnoses (lumbar disc displacement with myelopathy, sciatica, and tendinitis/bursitis of the left hip), and treatment to date (medications, HEP, and activity modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY VISIT FOR THE LEFT HIP, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Hip and Pelvis Chapter, Physical Therapy (PT), and Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprain and strain of hip and thigh not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement with myelopathy, sciatica, and tendinitis/bursitis of the left hip. However, given documentation of an 4/24/13 DOI, where there would have been an opportunity to have had previous physical therapy, it is not clear if this is a request for initial or additional physical therapy (where physical therapy provided to date may have already exceeded guidelines regarding frequency). In addition, given that the request is for 12 physical therapy visits, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for 12 physical therapy visit for the left hip, as an outpatient is not medically necessary.