

Case Number:	CM14-0004976		
Date Assigned:	02/05/2014	Date of Injury:	02/22/2012
Decision Date:	07/14/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/14/2014

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 & 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 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 51-year-old male who has submitted a claim for left hip and low back pain, associated with an industrial injury date of February 22, 2012. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 11/07/2013, showed persistent and constant pain of left hip and low back. Physical examination revealed decreased mobility of the lumbar spine with tenderness along the paraspinal muscles. Straight leg raise test was positive. Treatment to date has included closed reduction of left hip (2/22/2012), ORIF left acetabulum (2/29/2012), 22 sessions of physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 SESSIONS PER WEEK FOR 6 WEEKS (12 VISITS TOTAL):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength,

endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, patient already completed 22 sessions of post-operative physical therapy in 2012. The indications given for the present request are to promote strength, to increase range of motion, and to decrease pain. A progress report, dated 11/07/2013, showed there was still persistent difficulty in performing activities of daily living due to constant pain. Re-enrollment to PT may be a reasonable option; however, the present request failed to specify the body part to be treated. The request is incomplete. Therefore, the request for physical therapy 2 sessions per week for 6 weeks is not medically necessary.