

<b>Case Number:</b>	CM14-0100206		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Nevada. 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 records, presented for review, indicate that this 60-year-old female was reportedly injured on 6/4/2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 4/25/2014, indicated that there were ongoing complaints of low back pain and left hip pain. The physical examination was handwritten with positive tenderness left greater trochanter. Pain referred to greater trochanter with hip motion. Hip strength reasonable. No recent diagnostic studies are available for review. Previous treatment included physical therapy #12 sessions, medications, and conservative treatment. A request had been made for physical therapy of the left hip #8 sessions and was not certified in the pre-authorization process on 6/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy left hip, 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Cristi, TX, Section; Hip & Pelvis (Acute & Chronic) (updated 03/25/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 98-99.

**Decision rationale:** MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has complaints of low back pain and left hip pain and review of the available medical records failed to demonstrate an improvement in pain or function. The claimant underwent 12 sessions of functional restoration therapy in the past and in the absence of clinical documentation to support additional visits, the request for physical therapy left hip, 8 sessions is not medically necessary and appropriate.