

Case Number:	CM14-0010844		
Date Assigned:	02/21/2014	Date of Injury:	12/05/2013
Decision Date:	08/11/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 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:

This patient is a 58-year-old female who has submitted a claim for right hip contusion associated with an industrial injury date of 12/05/2013. The medical records from 2013 to 2014 were reviewed. Patient complained of persistent right hip pain aggravated during weight bearing. Pain radiated to the right lower extremity. This resulted to difficulty in walking and standing. The physical examination showed painful and restricted range of motion of the right hip. The Neurovascular exam was intact. The patient ambulated using a walker. Treatment to date has included 4 sessions of physical therapy, home exercise program, and medications. The Utilization review from 01/14/2014 denied the request for home physical therapy three (3) times a week for four (4) weeks to the right hip. Reason for denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME PHYSICAL THERAPY (PT) THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS TO THE RIGHT HIP: 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): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The Guidelines recommend 9 - 10 visits of physical therapy over 8 weeks for myalgia and myositis. In this case, patient has a known right hip contusion and attended four sessions of physical therapy. However, difficulty in walking and standing persisted. An extension of physical therapy services is appropriate; however, guideline only recommends 9 - 10 PT visits for myalgia / myositis. The present request of 12 visits exceeded guideline recommendation. The Guideline criteria were not met. Moreover, there was no evidence that patient is homebound and requires home PT at this time. Therefore, the request for home physical therapy (PT) three (3) times a week for four (4) weeks to the right hip is not medically necessary.