

<b>Case Number:</b>	CM14-0011464		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/26/2004
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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:

This is a 67-year-old female with a 9/26/04 date of injury, when she was struck by a hospital bed and crushed between the walls, chair rail and door frame. The reviewer's notes indicated that the patient was seen on 8/5/13 with complaints of severe right hip pain. The physical examination was not documented. The progress note stated that the patient was approved for 12 visits of PT and an additional 12 visits were requested. The provided medical documentation did not include any new progress notes and were from 2005. The diagnosis is hip enthesopathy with muscle/ligament disorder. Plain radiographs of the right hip, sacroiliac joints and pelvis dated 12/18/03 were negative. Treatment to date: work restrictions, TENS unit, physical therapy (PT) and medications. An adverse determination was received on 1/10/14 given that the patient exceeded recommended number of sessions due to the Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 for 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 Therapy Page(s): 98-99.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However the progress notes indicated that the patient had PT treatments in the past, the number of accomplished sessions is unknown. In addition, there is a lack of documentation indicating subjective and objective functional gains from prior treatments. Additionally, there is no rationale with clearly specified goals for the patient. Lastly, given that the patient's injury was over 10 years ago it is not clear, why the patient cannot transition into an independent home exercise program. Therefore, the request for physical therapy 3x4 for the right hip was not medically necessary.