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| <b>Case Number:</b>   | CM14-0019628 |                              |            |
| <b>Date Assigned:</b> | 04/30/2014   | <b>Date of Injury:</b>       | 09/22/2009 |
| <b>Decision Date:</b> | 07/08/2014   | <b>UR Denial Date:</b>       | 01/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/18/2014 |

### 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 Illinois. 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 injured worker is a 46-year-old male who reported an injury on 09/22/2009 secondary to a fall. The clinical note dated 01/23/2014 reported the injured worker complained of persistent pain in the lateral aspect of his left hip, low back pain with radiation to his left leg and weakness, numbness and tingling. The injured worker has been treated with an undetermined number of physical therapy sessions and a left total hip arthroplasty with metal-on-metal resurfacing on 03/03/2012. The note also stated the injured worker was taking a pain medication. The physical examination reported decreased range of motion of the hip, tenderness at the low back with positive supine and active straight leg raise at 60 degrees on the left. The diagnoses included status post left hip fracture with residual pain and probable pseudocapsule secondary to metal-on-metal articulation and lumbosacral spine disc herniation at the L5-S1 level. The injured worker's treatment included starting him on a gentle exercise program. The request for authorization was submitted on 01/28/2014. A clear rationale for request was not provided.

### 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 THE LUMBAR SPINE ON THE LEFT HIP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The request for physical therapy 3 times per week for 4 weeks for the lumbar spine and the left hip is not medically necessary. The injured worker has a history of persistent pain in the lateral aspect of his left hip, low back pain with radiation to his left leg and weakness, numbness and tingling. The CA MTUS Guidelines recommend physical medicine in the treatment of unspecified myalgia and myositis at 9-10 visits over 8 weeks in order to promote functional improvement. However, the clinical information submitted failed to provide details regarding his previous treatment, including the number of visits completed and objective functional gains made. In addition, the most recent clinical note provided failed to show evidence of current functional deficits. Therefore, in the absence of current functional deficits and details regarding previous physiotherapy treatment, the request is not supported. Therefore, the request for physical therapy 3 times per week for 4 weeks for the lumbar spine and the left hip is not medically necessary.