

<b>Case Number:</b>	CM14-0122536		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 62 year old woman who was injured at work when the chair she was sitting on collapsed and she fell on her right side. She injured her right hip and low back. She has had MRI of the hip and low back but the results were not included in the records provided. She has received 15 sessions of physical therapy with decreased pain, and increased function. Physical exam demonstrated pain to palpation in the right lumbar region, right buttock, right hip and down back of leg to the mid thigh. She has been off work since February 2014. Diagnoses: 1. Sciatica 2. Hip sprain 3. Lumbar radiculopathy. Request for 8 additional sessions of Physical Therapy (PT) were denied because the patient had exceeded the number of visits allowed by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy to Right Hip 2 Times a Week for a Month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines-Hip & Pelvis.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Physical Therapy, Low back, Physical therapy.

**Decision rationale:** 8 Additional sessions of Physical Therapy (PT) are being requested on top of the already received 15 sessions. The ODG allows a maximum of 9 visits for the hip and 10 visits for the low back. Even considering separate treatment requests for each body part, the total number of visits exceed the maximum recommended by the guidelines. The IMR process is restricted to the four corners of the guidelines without deviation. The 8 sessions of PT exceed the total number of visits allowed by the guidelines. The request is not medically necessary and appropriate.