

Case Number:	CM14-0123666		
Date Assigned:	08/08/2014	Date of Injury:	04/20/2007
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of April 20, 2007. A utilization review determination dated July 17, 2014 recommends noncertification of additional physical therapy X12-right hip and lumbar (18 for life of the claim). A letter dated July 29, 2014 indicates that the patient has low back pain and has developed right hip bursitis. The patient has continued right hip discomfort with activity and positioning. He has never attempted physical therapy on his right hip and his physical therapy in the past was primarily focused on his back and left sciatic pain. The note goes on to indicate that physical therapy is the most appropriate treatment to teach the patient self-care strategies. A progress report dated July 2, 2014 identifies subjective complaints of chronic right hip pain related to bursitis and chronic low back pain. The note indicates that a bursa injection improved the patient's pain. His pain is currently rated as 1/10. Physical examination findings identify tenderness to palpation over the right greater trochanter with decreased sensation in the right thigh and right ankle. The patient has normal strength in the lower extremities. Diagnoses include sciatica, degeneration of the lumbar disc, and enthesopathy the hip. The treatment plan recommends physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to the right hip and lumbar spine # 12 (18 for life of the claim): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 of 127 Physical Medicine Page(s): 98-99 OF 127. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Hip & Pelvis, Physical Medicine Treatment, Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for 12 sessions of physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG recommends 9 visits over 8 weeks for sprains and strains of the hip and thigh. Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is clear the requesting physician would like physical therapy for the patient's right hip complaints. He has stated that the patient may need physical therapy to instruct in self-directed care. Guidelines recommend a maximum of 9 visits over 8 weeks for the treatment of sprains and strains of the hip. The currently requested 12 visits, exceeds the maximum number recommended by guidelines for this patient's diagnosis. Additionally, the current request also includes the lumbar spine. There are no objective functional deficits in regards to the patient's lumbar spine, no documentation of previous functional improvement from physical therapy directed towards that body part, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining lumbar spine complaints. There is no provision to modify the current request in terms of body part, or number of visits. As such, the currently requested additional physical therapy to the right hip and lumbar spine is not medically necessary.