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| Case Number: | CM14-0125543 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 10/06/2004 |
| Decision Date: | 12/23/2014 | UR Denial Date: | 07/22/2014 |
| Priority: | Standard | Application Received: | 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 52 year old female who sustained a work related injury on October 6, 2004 and exhibits exacerbations of left hip pain since the incident. No mechanism of injury or surgical intervention in the past was documented. The medical report of June 24, 2014 notes the injured worker describes dull, stabbing, shooting and radiating pain exacerbated by cold, fatigue, most positions, and stress. On examination trigger points were palpated in the gluteus medius, quadrates lumborum, lumbar and lumbosacral region bilaterally with parasthesias to light touch in the lateral and medial legs bilaterally. The sacroiliac joint compression test was positive for crepitus and restricted range of motion due to pain. There was right ankle edema noted due recent trauma which has altered her gait adding to spasms. No recent radiology reports were noted. The injured worker has had numerous physical therapy sessions (dates and quantity not specified) in the past and utilizes a transcutaneous electrical nerve stimulator (TENS). Current medications consist of Diazepam, Lidocaine patches, Relafen, Norco, Soma and Pantoprazole. The diagnoses of hip impingement, hip and thigh strain, and lumbar neuritis or radiculitis were documented. The injured worker's status is documented as temporary total disability (TTD). The treating physician has requested physical therapy twice a week for five weeks to the left hip to maximize strength and flexibility. On July 22, 2014 the Utilization Review non-certified the prescription for physical therapy twice a week for five weeks due to lack of functional improvement with past physical therapy sessions and no discussion of medication efficacy as defined by the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 5 for left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Hip and pelvis, Physical Medicine

Decision rationale: MTUS, ACOEM is silent on hip injuries or hip complaints. The patient already had physical therapy for her hip. The total number of visits is unknown. ODG 2014 hip/pelvis physical medicine allows a maximum of 9 visits over 8 weeks for hip injuries - sprain/strain. For dislocation of the hip it is also a maximum of 9 visits over 8 weeks maximum. The requested 10 physical therapy visits exceeds the maximum allowed and is not consistent with ODG.