

<b>Case Number:</b>	CM14-0128733		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Nevada. 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 51-year-old gentleman who was reportedly injured on October 8, 2013. The mechanism of injury is falling onto a concrete floor. The most recent progress note dated July 18, 2014, indicates that there are ongoing complaints of neck pain and right shoulder pain. The physical examination demonstrated decreased right shoulder range of motion limited by pain. Diagnostic imaging studies were not reviewed during this visit previous treatment includes physical therapy and acupuncture. A request had been made for physical therapy for the right hip two times a week for three weeks and was not certified in the pre-authorization process on August 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right hip; 6 sessions; 2 times a week for 3 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-<https://www.acoempracguides.org/> Low Back, Low Back Disorders.

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

**Decision rationale:** According to the Official Disability Guidelines nine visits of therapy are indicated for strains and sprains of the hip and thigh. A review of the medical record indicates that the injured employee has already attended 14 visits of physical therapy for the right hip and should have transitioned to a home exercise program at this point. Considering this; six additional physical therapy visits for the right hip two times a week for three weeks is not medically necessary.