

Case Number:	CM14-0131027		
Date Assigned:	09/19/2014	Date of Injury:	07/18/2005
Decision Date:	12/31/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/14/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 49 year old female with date of injury of 7/18/2005. A review of the medical records indicate that the patient is undergoing treatment for osteoarthritis in the pelvic region, enthesopathy of hip region, other bursitis disorders, left hip strain. Subjective complaints include pain in the left hip. Patient reported improvement after injection into trochanteric bursa. Objective findings include tenderness along the greater trochanteric bursa; painful range of motion; palpable swelling. Treatment has included physical therapy, anti-inflammatories and an ultrasound-guided injection to the trochanteric bursa. The utilization review dated 7/23/2014 non-certified the request for 12 Physical Therapy Sessions for the Left Hip (2x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for the Left Hip (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Sprains and strains of hip and thigh (ICD9 843): 9 visits over 8 weeks". The request for 12 sessions is in excess of the clinical trial guidelines. Additionally, the medical documents do not note "exceptional factors" that would allow for treatment duration in excess of the guidelines. As such, the request for 12 Physical Therapy Sessions for the Left Hip (2x6) is not medically necessary. The request for 12 sessions is in excess of the clinical trial guidelines. Additionally, the medical documents do not note "exceptional factors" that would allow for treatment duration in excess of the guidelines. As such, the request for 12 Physical Therapy Sessions Left Hip (2x6) is not medically necessary.