

Case Number:	CM14-0135074		
Date Assigned:	08/29/2014	Date of Injury:	11/24/2010
Decision Date:	10/09/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/21/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 63 year-old male who reported a work related injury on 11/24/2010. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of enthesopathy of the right hip. The past treatment has included a cortisone injection in his right trochanteric bursa, medication, and 36 sessions of physical therapy for the right hip. He reported the injection provided significant improvement with his symptoms; however, 40 percent of the pain remained. Upon examination on 07/23/2014, the injured worker complained of pain over the lateral aspect of his hip. He described the pain to be sharp and worse with direct pressure. The injured worker was noted to have tenderness over his right trochanteric bursa and painless range of motion of his right hip. The Stinchfield test was negative on the right with intact dorsiflexion and plantar flexion. The injured worker's prescribed medications include Mobic and Meloxicam. The Request for Authorization form was submitted on 07/23/2014 for physical therapy due to enthesopathy of the hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 12 for the right hip (1-2 times weekly for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for Additional Physical Therapy x 12 for the right hip (1-2 times weekly for 6 weeks) is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis. The injured worker has completed an extensive amount of physical therapy, which totals to approximately 36 sessions. The documentation provided information pertaining to prior physical therapy treatment. As a result of an extensive length of physical therapy, the injured worker should be able to continue with a home exercise to manage his current symptoms. The clinical documentation did not provide any current significant functional deficits or quantifiable objective functional improvements with regards to the right hip with previous physical therapy sessions. There is no documentation of any significant residual functional deficits to support the request for additional therapy beyond the guideline recommendations. Therefore, the request is not medically necessary.