

<b>Case Number:</b>	CM14-0141384		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 38 year old female with a reported date of injury on 11/01/2013. The mechanism of injury was not provided. The diagnosis included recurrent unilateral inguinal hernia. The injured worker's past treatment included medication and extraperitoneal laparoscopic repair of inguinal hernia. Previous diagnostic studies included a CT scan of the left inguinal area, the results of which were not provided. The injured worker stated that she has had symptoms for 276 days, the specific symptoms not stated. The injured worker denied lost work time, as a result of the injury. Upon physical exam, pain was rated at 0/10, hernia not identified on examination, no abdominal guarding and the abdomen was non tender upon palpation. Medication regimen included Acetaminophen. The treatment plan included physical therapy for relaxation. The request was submitted for Physical Therapy 3x2 Left groin. The rationale was for approval from the work hardening program. The Request for Authorization form not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x2 Left groin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Hernia, Physical Therapy (PT).

**Decision rationale:** The California MTUS guidelines recommend physical medicine. Active therapy is 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. The Official Disability Guidelines do not recommend for hernia as there is no evidence of successful outcomes. For abdominal sprain the guidelines recommend 9 visits over 8 weeks. The clinical information provided for review, lacks documentation of functional deficits, to be addressed with physical therapy. Therefore, the request for Physical Therapy 3x2 left groin is not medically necessary