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| Case Number: | CM14-0143971 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 08/04/2012 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 08/23/2014 |
| Priority: | Standard | Application Received: | 09/05/2014 |

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 North Carolina. 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 30-year-old female who reported an injury on 08/04/2012. The mechanism of injury was not provided. On 03/04/2014, the injured worker presented with right hip pain. Diagnoses were right hip pain, internal derangement of the right hip, and seizure disorder. Upon examination of the extremities, there was no cyanosis, clubbing, or edema noted. All peripheral pulses were intact. There was normal sensation. The provider recommended physical therapy 2 times a week for 6 weeks for the right hip and knee and the lumbar spine. The provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per Week x 6 Weeks Right Hip and Knee, Lumbar Spine: 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 Medication Page(s): 98.

Decision rationale: The request for physical therapy 2 x per week x 6 weeks right hip and knee, lumbar spine is not medically necessary. The California MTUS Guidelines state that 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. Active therapy requires and 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. There is a lack of documentation of prior courses of conservative treatment undergone and the efficacy of those prior treatments. Additionally, the provider's request for physical therapy 2 times a week for 6 weeks exceeds the guidelines recommendations. There are no objective functional deficits noted upon physical examination to the hip, knee or lumbar spine. As such, medical necessity has not been established.