

Case Number:	CM14-0158924		
Date Assigned:	10/02/2014	Date of Injury:	03/18/2014
Decision Date:	11/18/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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 New York. 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 24-year-old male who reported an injury on 03/18/2014 due to an unknown mechanism. Diagnosis was left trochanteric bursitis. Past treatment was medications, physical therapy, and injections. The injured worker had a left hip arthrography with steroid injection on 06/13/2014 that revealed normal MR arthrogram of the left hip without evidence of a labral tear. On 08/20/2014, the injured worker reported the cortisone injection he received in his left hip did help quite a bit, but he had only had 4 sessions of physical therapy approved. He would like more to help improve his symptoms. Examination revealed a positive Ober's sign on the left side. The injured worker was mildly tender over the left trochanteric region. There was full range of motion of the bilateral hips. Strength was 5/5 in the quadriceps, EHL (extensor hallucis longus), tibialis anterior, and gastrocsoleus. Medications were not reported. Treatment plan was to request 12 more sessions of physical therapy. It was also reported that the injured worker was continuing with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x a week x 6 weeks, left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis

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

Decision rationale: The decision for physical therapy 2 x a week x 6 weeks, left hip is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment, and are directed at controlling symptoms, such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits from myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Patients 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 in functional activities with assistive devices. Medications were not reported for the injured worker. The clinical documentation submitted for review fails to provide the functional improvement from the previous sessions of physical therapy. It was also reported that the injured worker had a left hip injection where it was noted that it had helped quite a bit. The extent of the injured worker's functional deficits was not reported. There was no documentation detailing a clear indication for physical therapy 2 x a week x 6 weeks, left hip. The clinical information submitted for review does not provide evidence to justify the physical therapy. Therefore, this request is not medically necessary.