

Case Number:	CM14-0170497		
Date Assigned:	10/20/2014	Date of Injury:	09/12/2013
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/15/2014

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 Medicine and is licensed to practice in Colorado. 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:

57 year old female with date of injury 9/12/2013, complains of chronic neck pain, right shoulder pain, left wrist pain and left hip pain and continues follow up with treating physician. Injured has had extensive treatment of right shoulder including surgery and pre- and post-operative physical therapy. She is maintained on medications including non-steroidal anti-inflammatory drug and opioids. She continues to complain of left hip pain, and records show evaluation by Orthopedist for the hip with diagnosis of abductor tendonitis of left hip and left gluteus medius tear. (The Orthopedic notes refer to MRI of the hip 6/10/2014 that showed gluteus medius tear. However, the records supplied for review only included results from Lumbar spine MRI which did not mention the gluteus medius.) Per the Orthopedic notes dated 8/27/2014, a cortisone injection into the hip was done, and exercise program initiated. (Those notes also indicate injured worker has already tried Physical Therapy for the hip which has not been helpful. No records of Physical Therapy of the hip were supplied for this review, so unclear if injured worker actually previously participated in Physical Therapy for the hip.) The treating physician requests 12 additional Physical Therapy visits for Left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy Visits to the Left Hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interventions and Treatments Page(s): 98-99.

Decision rationale: Per the MTUS Guidelines, Physical Therapy is recommended in specific circumstances. Passive therapies have been shown to be beneficial in early stages / acute pain, to help control pain, inflammation, and swelling and to promote healing of soft tissue injuries. While passive therapies can be helpful short term, active therapies have shown clinically significant improvement long term. Active therapies require energy expenditure on the part of the patient and may require supervision, but are expected to be continued as home exercise program as well. Per the records supplied for the injured worker of concern, injured worker has diagnosis of hip tendonitis / possible muscle tear (which would result in myalgias). Furthermore, the records mention prior Physical therapy for the injured worker (unknown duration and frequency) without evidence of improvement. The number of Physical Therapy visits requested exceeds the recommended total number of visits specified in the Guidelines, and it is unclear if Physical Therapy has improved pain or function in the past, so would not be indicated for future. The request for 12 visits of Physical Therapy is not medically necessary.