

Case Number:	CM14-0173845		
Date Assigned:	10/27/2014	Date of Injury:	07/26/2013
Decision Date:	12/03/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/21/2014

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 Neurology and is licensed to practice in California. 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 (IW) is a 28 year old female with a reported date of injury of 7/26/13. The mechanism of injury is reported to be only that the IW felt pain in the right inguinal and right gluteal region when lifting a patient while performing her duties as a nurse's aide. The IW is not able to characterize the pain but states it does not radiate down her leg. She reports the pain is made worse by prolonged standing, bending at the waist, biking and jogging. She denies any loss of strength or any gait dysfunction. Her physical exam obtained from a progress report is notable for tenderness to palpation to the sacral iliac joint and a positive FABER test on the right. Her primary treating physician had diagnosed her with a right iliopsoas bursitis, and she has undergone a right iliopsoas bursa injection. The IW did not report any significant change in her pain as a result of the injection. The IW has been participating in physical therapy and reports that it is helping a little bit. A previous request for "12 Additional Sessions of Physical Therapy for the Hip/Lumbar Spine" has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Sessions of physical therapy for the hip/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip/Pelvis

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

Decision rationale: Based on the mechanism of injury, the most likely cause of the IW's pain is muscle strain (as indicated by the report of sudden onset of pain while lifting a patient and by the lack of response to the right iliopsoas bursa injection). This strain is a form of myalgia. Per the physical medicine guidelines, the number of treatments recommended is nine to ten visits over an eight week period. The request for twelve additional sessions of physical therapy for the hip and lumbar spine exceeds this recommendation and is therefore not medically necessary.