

Case Number:	CM14-0035100		
Date Assigned:	06/23/2014	Date of Injury:	08/20/2003
Decision Date:	08/05/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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 Physical Medicine and Rehabilitation 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 patient is a 67 year old with an injury date on 8/20/03. Patient complains of chronic back pain and left hip pain, with no radicular symptoms per 3/4/14 report. Patient is applying Voltaren gel to her hip, and her chronic back/hip pain has remained unchanged in the 3/4/14 report. Based on the 3/4/14 progress report provided the diagnoses are: 1. s/p left total hip replacement in 20112. Grad II L4-L5 spondylolisthesisExam on 3/4/14 showed range of motion of L-spine: flexion at 50 degrees, extension at 20 degrees is pain free. Straight leg raise at 50 degrees is pain-free. Full strength in bilateral quadriceps, tibialis anterior, toe flexors, and toe extensors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Hip: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Page(s): 98,99.

Decision rationale: This patient presents with back pain, left hip pain and is s/p left hip replacement from 2011. The treating physician has asked for physical therapy left hip on 3/4/14, and requesting PR-2 further clarifies: 8 sessions to strengthen her core. Review of the report shows no recent history of physical therapy being done. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treating physician has asked for 8 sessions of physical therapy for the left hip to strengthen the patient's core, which is not excessive per MTUS guidelines for this type of condition. Given the lack of recent therapy treatment history recommendation is medically necessary.