MAXIMUS Federal Services

Case Number:	CM14-0035493		
Date Assigned:	06/23/2014	Date of Injury:	10/15/2010
Decision Date:	08/11/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine, 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 claimant was injured on 10/15/10 and physical therapy has been requested for the left hip and left shoulder and is under review. The left shoulder was described as not part of the industrial claim. The claimant has had physical therapy for his injury. He has chronic pain without any new pain. He complains of bilateral hip pain that was moderate to severe depending on his activities. He is taking multiple medications. He saw [redacted] on 01/26/14 and still had severe pain in the left hip traveling to his knee and lateral thigh. He was unable to walk for long periods of time and he had stopped his Norco and gabapentin. He complained of left shoulder and left hip pain. He was taking his medications as prescribed and had limited activity tolerance. He was on several medications including cyclobenzaprine, hydrocodone/acetaminophen, and naproxen. He had tried exercising at home and it did not work and he tried ice and heat but it did not work. He reportedly attended physical therapy for 4 sessions but the physical therapist stated it was not working and he needed to see a specialist. He had painful movements of the left shoulder and also findings about the low back. There was no documentation of a hip condition but he had left hip pain. On 05/23/14, he was seen again and had severe pain in his left hip traveling to his knee and lateral thigh. He did not want to be started back on the opiates. He wanted to try a different medication. He remained on several medications. His medications were listed as cyclobenzaprine, hydrocodone/acetaminophen and naproxen (even though he stated he did not want the opioids.) He did not want any injections. He was given a trial of diclofenac and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 visits for the left hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 58-59,Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip, Pelvis and Back chapter, (Sprains and strains of hip and thigh) and physical therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page 130 Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 6 visits of PT for the left hip. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The claimant has attended what should have been a reasonable number of PT visits and there was no evidence of significant improvement. In fact, the therapist stated it was not helping. In addition, there is no clinical information that warrants the continuation of PT for an extended period of time. There is no evidence that the claimant remains unable to complete his rehab with an independent HEP. The specific objective/functional benefit to the claimant that is anticipated from these visits (and which he did not receive previously) has not been described and none can be ascertained from the records. The medical necessity of this therapy has not been clearly demonstrated.