

Case Number:	CM14-0042992		
Date Assigned:	06/30/2014	Date of Injury:	10/25/2012
Decision Date:	07/31/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/09/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 40 year old female who reported an injury on 10/25/2012. The mechanism of injury was noted to be a motor vehicle accident. The injured worker's prior treatments were noted to be chiropractic care. The injured worker's diagnoses were noted to be joint pain in the pelvic area and thigh; and cervicgia. The injured worker had a clinical evaluation on 03/12/2014. This evaluation did not have any subjective complaints. The vital signs were within normal limits. It was noted that the pain was 6/10, without a location of pain. The diagnostic impression was joint pain, pelvic region and thigh, and cervicgia. The discussion was that the injured worker was declared permanent and stationary. There had been a denial for the help program evaluation. It was indicated that she should get some physical rehabilitation. The treatment plan was to refill Mobic and a request for physical therapy. The provider's rationale for the requested physical therapy was provided within the documentation of this evaluation on 03/12/2014. A Request for Authorization for medical treatment is dated 03/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 Sessions Right Hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend physical medicine. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. 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 MTUS Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The MTUS Guidelines provide 9 to 10 visits over 8 weeks. The most recent clinical evaluation submitted with this review is dated 03/12/2014. The evaluation fails to indicate a functional deficit such as decreased flexibility, decreased strength, decreased endurance, decreased function, or decreased range of motion. In fact, the evaluation does not provide any objective functional deficits or range of motion values, nor does it provide motor strength numbers. In addition, the request is in excess of 9 to 10 visits provided by the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.