MAXIMUS Federal Services

Case Number:	CM14-0052695		
Date Assigned:	07/09/2014	Date of Injury:	08/22/2013
Decision Date:	12/12/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/21/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 47 years old female who sustained an industrial injury on 08/22/13. Her leg was pulled by her partner while in an obstacle course resulting in a loud pop with pain in her right hip. She was taken to emergency room and had an MRI that showed right hamstring tear. She also had physical therapy for her right hip. Her most recent physical therapy visit from 04/11/14 was the 34th visit when she was noted to be 85% better. The QME report from 06/27/14 was reviewed. Her symptoms included pain in the right lower back region at 6-8/10 in intensity. The pain interfered with her ability to lift and carry 10 pounds, walk more than a block. The pain made it difficult for her to drive. The impression was right biceps femoris partial tear and probable right sided sciatica. The request was for physical therapy 2 x6 for right hamstring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6, right Hamstring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy; Postsurgical Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Physical medicine treatment.

Decision rationale: According to MTUS and Official disability guidelines, 9 to 10 treatments are recommended for myalgia and myositis. The guidelines recommend fading of treatment frequency with need for home exercise program. The employee already had 34 sessions of PT without residual impairment on examination. Continuing physical therapy well in excess of the guidelines is not medically necessary or appropriate.