

<b>Case Number:</b>	CM14-0061308		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 28-year-old male with a 11/16/12 date of injury. The mechanism of injury was not noted. According to a 4/14/14 progress report, the patient stated that his pain was better. He described his pain as a muscle tightness pain in his left groin which was relieved by Aleve. He rated his pain without medication as a 3/10 and his pain level with medication as a 2/10. Standing, walking, and lifting tend to make his pain condition worse. Sitting, laying down, and medications help to improve the pain. Objective findings: mild tenderness over palpation of his left groin scar, lower extremity strength is 5/5 bilaterally, sensation intact in lower extremities, lower extremity deep tendon reflexes are 2+ and symmetric. Diagnostic impression: persistent pain status post left inguinal herniorrhaphy, left inguinal herniorrhaphy (7/12/13), right inguinal herniorrhaphy (2/12/14), neuropathic pain. Treatment to date: medication management, activity modification. A Utilization Review decision dated 4/19/14 denied the request for physical therapy 2 times a week for 3 weeks, left inguinal. While the cited criteria recommend up to six physical therapy visits for groin pain, significant functional deficits were not provided in order to warrant skilled physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of physical therapy for the left inguinal (2x3 weeks): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mdguidelines.com/groin-strain>,

ReedGroup Disability Guidelines, Powered by MD Guidelines & ACOEM. Medical disability advisor/ Groin Strain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia Chapter.

**Decision rationale:** The postsurgical treatment guidelines apply to visits during the postsurgical physical medicine period only and to surgeries as defined in these guidelines. At the conclusion of the postsurgical physical medicine period, treatment reverts back to the applicable 24-visit limitation for chiropractic, occupational and physical therapy. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. According to the reports reviewed, it is documented that the patient had right inguinal herniorrhaphy performed on 2/12/14. California MTUS guidelines do not recommend post-surgical physical medicine treatment for hernias. There is no evidence of successful outcomes compared to surgery. In addition, ODG guidelines do not recommend physical medicine treatment for hernias. A specific rationale identifying why this patient requires physical therapy despite lack of guideline support was not provided. Therefore, the request for 6 sessions of physical therapy for the left inguinal (2x3 weeks) was not medically necessary.