

Case Number:	CM14-0062310		
Date Assigned:	07/21/2014	Date of Injury:	04/04/2000
Decision Date:	12/31/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	05/05/2014

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 60 year old female with date of injury 04/04/2000. The treating physician report dated 01/02/2014 indicates that the patient presents with pain affecting her hips, left knee, and lumbar spine. The patient's work status is permanent and stationary. The physical examination findings reveal restricted range of motion in the lumbar spine, and tenderness in both hips. Prior treatment history includes counseling, knee surgery, physical therapy and various medications. MRI findings reveal 2-3 mm retrolisthesis of L2-3, mild facet arthropathy and mild foraminal narrowing at L2-3 and 1-2mm disc bulge. The current diagnoses are status post left total knee arthroplasty; partial tear of the gluteus medius tendon, left hip; trochanteric bursitis, left hip; trochanteric bursitis, right hip; lumbar spine myoligamentous sprain/strain; lumbar discopathy; and lumbar disc protrusions. The utilization review report dated 04/12/2014 denied the request for physical therapy twice a week for four weeks based on no improvement from prior treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for four weeks for the bilateral hips: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with pain affecting her hips, left knee, and lumbar spine. The current request is for physical therapy twice a week for four weeks for the bilateral hips. The treating physician report dated 1/2/14 states, "We have recently obtained authorization for pool / aqua therapy. This will be starting next week." The treatment plan at that point was stated, "The patient will start pool / aqua therapy." On 2/13/14 the treating physician stated, "She had two pool therapy sessions but had to stop." The treating physician's plan was to obtain a bone scan due to severe pain in the left hip and left knee and there was suspicion of a low lying infection. On 3/20/14 the treating physician reported that the bone scan was negative. There was no further report found in the 905 pages of medical records re-requesting physical therapy treatment. The MTUS guidelines support physical therapy treatment 8-10 sessions for myalgia and neuritis type conditions. In this case the patient was authorized for aquatic physical therapy and only completed two sessions. The current request for 8 sessions falls within the guideline recommendation and the treating physician documented that the patient does not have an infection and no revision surgery is currently required. Therefore, this request is medically necessary.