

Case Number:	CM14-0071744		
Date Assigned:	07/16/2014	Date of Injury:	06/09/2013
Decision Date:	09/19/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/19/2014

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:

This is a 50-year-old female with a 6/9/13 date of injury. The mechanism of injury occurred while she was standing in the back of an aircraft while on a flight and the plane encountered violent turbulence. The force of the turbulence caused her to be thrown down to the floor of the aircraft, and she injured her right hip, groin, and thigh. According to a progress report dated 4/28/14, the patient was seen for follow-up of her orthopedic injuries. She continued to complain of pain in the groin and hip area. Objective findings: gait within normal limits, no neurologic deficits, tenderness about the adductor origin on the right side. Diagnostic impression: right groin strain with persistent pain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 5/27/14 denied the request for 8 physical therapy sessions for the right groin. The cited criteria, <http://www.mdguidelines.com/groin-strain>, recommends up to 6 physical therapy visits for the patient's current diagnosis. The number of requested visits in addition to the previous therapy sessions is in excess of the recommendation of the referenced guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 4wks, Right groin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114; Other Medical Treatment Guideline or Medical Evidence: <http://www.mdguidelines.com/groin-strain>.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. According to an online search, up to 6 physical therapy visits within 6 weeks for groin strain are recommended. It is noted that the patient has received prior physical therapy, however, the number of completed sessions was not noted. This is a request for 8 sessions which exceed the recommendation of 6 total visits. In addition, there is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In fact, it is noted that the patient has had previous therapy, however, it did not provide any lasting benefit. There is no documentation that the patient has attempted to transition to a home exercise program. Therefore, the request for Physical Therapy 2xwk x 4wks, Right groin was not medically necessary.