

<b>Case Number:</b>	CM14-0074023		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/01/2014
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 58-year-old male who reported an injury on 03/01/2014. The mechanism of injury was not provided in the medical records. He is diagnosed with a closed left trochanteric fracture. His past treatments were noted to include physical therapy and work restrictions. On 05/07/2014, a progress report indicated that the injured worker had improved but slower than expected. No subjective or objective findings were included. Recommendations were made for continued physical therapy 2 times a week for 4 weeks, continued work restrictions, and an Exogen home stimulator. A request was received for additional physical therapy. However, a clear rationale for additional visits and the formal Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy #8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines Treatment in Worker's Compensation, Hip & Pelvis Procedure Summary (updated 3/25/14).

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

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, physical therapy may be recommended up to 10 visits in the treatment of unspecified myalgia and myositis. The guidelines also indicate that physical therapy is recommended to promote functional gains. In the absence of further documentation regarding the injured worker's previous physical therapy treatments, including the number of visits completed and objective functional gains made with that treatment, the necessity of additional visits cannot be established. In addition, in the absence of a current physical examination showing objective functional deficits, the need for therapy cannot be established. Moreover, the request failed to indicate the body part that the requested therapy is intended for. For the reasons noted above, the request is not medically necessary.