

Case Number:	CM14-0074043		
Date Assigned:	07/16/2014	Date of Injury:	01/12/2011
Decision Date:	08/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	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, has a subspecialty in Interventional Spine 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 patient is a 59-year-old female with a date of injury of 01/12/11. Based on the 04/11/14 progress report by [REDACTED], in conjunction with [REDACTED], this patient still experiences significant pain and discomfort and complains of 6/10 lower back pain with pain and discomfort that radiates down into her legs. Examination shows this patient has a positive straight leg raise on the right. An earlier report by [REDACTED] on 02/28/14 indicates this patient's chief complaint as right hip and groin pain. He also reports, I believe her main problem is really related to her back more than she is pelvic. This patient has temporarily total disability. The diagnoses for this patient are Right leg lumbar radiculopathy, Healing right superior and inferior pubic ramus fractures. The utilization review being challenged is dated 05/05/14. The request is for physical therapy 3x4 right pelvis. [REDACTED] is the requesting provider and he has submitted reports from 12/06/13 to 04/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 right pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip and Pelvis Chapter regarding Physical Therapy.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine page 8, 98-99.

Decision rationale: This patient presents with pain, discomfort with low back pain (04/11/14), right hip, and groin pain (02/28/14). The request is for physical therapy 3x4 right pelvis. The MTUS guidelines for Physical Medicine, pages 98-99, allow for 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the request for 12 sessions exceeds MTUS guidelines. Furthermore, this patient's progress seems unsatisfactory, according to the 04/11/14 report by [REDACTED], PA-C, this patient has had a total of 12 sessions without much relief from her pain, which warrants assessment by the (provider) in the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities per MTUS guidelines, page 8. Therefore, the request is not medically necessary.