

Case Number:	CM14-0092123		
Date Assigned:	07/25/2014	Date of Injury:	03/09/2012
Decision Date:	08/28/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/18/2014

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 Internal 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:

Patient is an injured worker with bilateral hip osteoarthritis. Date of injury was 3/9/2012. Mechanism of injury was fall from a collapsed chair. The patient presented on the date of 5/20/2014 for an initial orthopedic consultation with [REDACTED] regarding her complaints of bilateral hip and leg pain. She described pain in both legs with the legs feeling heavy when she walks. Range of motion of the back was limited. The patient described a feeling of grating in the hip joints. The patient walks with an abnormal gait and has impairment getting out of vehicles, especially after prolonged sitting, doing housework, and sleeping through night. She complained of difficulty dressing due to leg and hip pain. Other complaints included occasional numbness of the right foot and a history of reflux. Objective examination revealed that patient as being in no acute distress. She was alert and oriented with normal mood and affect. Sensation was intact distally. Bilateral hip range of motion revealed 0 extension to 90 flexion with pain through the arc of motion. There was positive bilateral impingement test. The patient walked with antalgic gait. There was no tenderness to palpation over greater trochanter, anterior superior iliac spine ASIS or iliac crest. Bilateral hip motor strength of the flexors and hip extensors rated 4+/5. Bilateral hip protocol x-rays with 2 views of the right and left hip and anteroposterior AP pelvis revealed joint space narrowing, subchondral sclerosis, and osteophyte formation of the bilateral hips. The orthopedic consultation note dated 05-20-2014 documented a diagnosis of bilateral hip osteoarthritis. Treatment plan included physical therapy, cortisone injection, and follow-up appointment. Physical therapy for bilateral hip osteoarthritis was prescribed twice a week for 6 weeks. A request for bilateral hip ultrasound guided cortisone injections was submitted for approval. Followup appointment with [REDACTED] was recommended for the bilateral hip cortisone injections. Utilization review dated 05-31-2014

recommended certification of one follow-up office visit with [REDACTED], and modified certification of 6 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy sessions.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Medicine Guidelines and Official Disability Guidelines: Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Physical Therapy (PT) Physical medicine treatment Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic)Physical therapy (PT)Physical medicine treatment.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines provides physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits over 8 weeks is recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks is recommended. Official Disability Guidelines (ODG) Pain (Chronic) provides physical therapy (PT) physical medicine treatment guidelines. For arthritis medical treatment, 9 visits over 8 weeks is recommended. Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) recommends 9 visits over 8 weeks for osteoarthritis, and 1-2 visits over 1 week for post-injection treatment. The orthopedic consultation note dated 05-20-2014 documented a diagnosis of bilateral hip osteoarthritis. Treatment plan included physical therapy, cortisone injection, and follow-up appointment. Physical therapy for bilateral hip osteoarthritis was prescribed twice a week for 6 weeks, which is a total of 12 physical therapy visits. MTUS and ODG general guidelines recommend up to 10 physical therapy visits. For hip osteoarthritis, ODG guidelines recommends up to 9 visits, and up to 2 visits for post-injection physical therapy treatment. Therefore, the request for 12 physical therapy (PT) visits would exceed MTUs and ODG guideline recommendations. Therefore, the request for twelve physical therapy sessions, are not medically necessary and appropriate.