

Case Number:	CM14-0098298		
Date Assigned:	07/18/2014	Date of Injury:	03/02/2012
Decision Date:	09/12/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/26/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 3/2/12. A utilization review determination dated 5/28/14 recommends non-certification of Physical Therapy. It noted that extensive physical therapy had been utilized. 4/7/14 medical report identifies that the patient had a left iliotibial band repair 3/7/14 and left hip I&D for hematoma on 3/28/14. On exam, the patient had no swelling or erythema. The provider recommended starting physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x5 Left Hip: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 23.

Decision rationale: Regarding the request for Physical Therapy 2 x 5 Left Hip, California MTUS does not specifically address Physical Therapy after iliotibial band repair, although they do recommend up to 24 sessions after some hip procedures, with half that amount recommended

initially. Within the documentation available for review, it is noted that the patient recently underwent an iliotibial band repair. It was complicated by a hematoma, which was subsequently addressed with a second procedure. The patient's hip now appears to be stable and the provider recommended starting postoperative Physical Therapy. 10 sessions of Post-operative Physical Therapy are reasonable for rehabilitation and to help progress the patient into an independent home exercise program. In light of the above, the currently requested Physical Therapy 2 x 5 left hip is medically necessary.