

Case Number:	CM13-0070925		
Date Assigned:	01/15/2014	Date of Injury:	06/25/2009
Decision Date:	09/29/2015	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/29/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on June 25, 2009. The initial symptoms reported by the injured worker are unknown. The injured worker was more recently diagnosed as having right hip arthritis status post replacement, left hip arthritis status post replacement, lumbar sprain with Grade II-III spondylolisthesis L4 on L5 and sacroiliac sprain from antalgic gait. Treatment to date has included medication, transcutaneous electrical nerve stimulation unit, rest and physical therapy. Lidoderm patches and the transcutaneous electrical nerve stimulation unit were noted to provide the most benefit. Physical therapy helps to reduce her pain from a 9 on a 1-10 pain scale down to a 4 on the pain scale. On May 14, 2013, the injured worker presented for follow-up on her bilateral hip sprains and lumbar sprain. She rated her pain from a 3-9 on a 1-10 pain scale. Notes stated that rest and physical therapy help to reduce her pain levels. The treatment plan included a gym membership, physical therapy, custom orthotics and a follow-up visit. A request was made for six physical therapy visits for the left hip one time per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy visits for the left hip, 1 x per week x 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/>, Low Back: Table 2.

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

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of 10 prior PT sessions, but there is documentation of symptomatic improvement. However, there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS which is 9 sessions for hip arthropathy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.