

<b>Case Number:</b>	CM14-0162765		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	08/21/2008
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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. 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 47-year-old woman with a date of injury of August 21, 2008. The mechanism of injury occurred when a co-worker fell on top of her during a cell extraction while she was working as a detention officer. The injured worker's working diagnoses are right ankle fracture, status post ORIF on September 9, 2008; status post right ankle arthroscopy with synovectomy, debridement, arthrotomy, and removal of retained metal on August 26, 2009; left hip pain due to greater trochanteric bursitis, rule out degenerative joint disease; low back strain; cervical neck strain; bilateral shoulder pain due to sprain/strain; left knee contusion with chondromalacia patellae; and depression. Pursuant to the most recent progress note dated August 6, 2014, the IW complains of pain and swelling in her left ankle. She reports no change to her left hip pain. She has moderate pain in her left hip associated with a popping feeling. She has been on Percocet for pain control, Xanax for anxiety, and Pristiq for depressions. Additional medications include Ibuprofen, Atenolol, Metformin, Lisinopril, Januvia, and Norco 10/325mg. Examination of the left hip reveals tenderness to palpation at the greater trochanteric bursa. There is decreased range of motion with positive Patrick's test on the left. The treating physician reports the direction of the treatment for the left hip is depending on orthopedic evaluation. There was no discussion regarding physical therapy by the treating physician in the August 2014 progress note. There is no documentation regarding prior physical therapy. If so, there is no evidence of objective functional improvement associated with prior physical therapy. The current request is for physical therapy for the left hip, twice a week for four weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the left hip, twice weekly for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Hip Section, Physical Therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy left hip two times per week for four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The guidelines enumerate the specific frequency and duration of physical therapy according to the injuries sustained. In this case, the injured worker's working diagnoses are right ankle fracture, status post ORIF on September 9, 2008; status post right ankle arthroscopy with synovectomy, debridement, arthrotomy, and removal of retained metal on August 26, 2009; left hip pain due to greater trochanteric bursitis, rule out degenerative joint disease; low back strain; cervical neck strain; bilateral shoulder pain due to sprain/strain; left knee contusion with chondromalacia patellae; and depression. There is no documentation regarding prior physical therapy nor is there documentation regarding objective functional improvement with prior as a therapy. The documentation does not contain discussion/rationale for additional physical therapy. There are no compelling clinical facts in the medical record supporting additional physical therapy. Consequently, absent clinical documentation supporting additional physical therapy, prior physical therapy documentation with evidence of objective functional improvement, physical therapy to the left hip two times per week for four weeks is not medically necessary.