

<b>Case Number:</b>	CM14-0193918		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Geriatrics, and is licensed to practice in New York. 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:

According to the records made available for review, this is a 47-year-old male with a date of injury on 07/16/2013. Documentation from 05/05/2014 indicated that the injured worker was lifting a ninety pound object and upon pivoting over the right hip the injured worker experienced pain to the right groin and the right buttock. Documentation from 09/17/2014 indicated the diagnoses of hip and thigh sprain and strain, pain in the pelvic joint region and thigh, and stiffness to the pelvic joint region and thigh. Subjective findings from 10/13/2014 indicated a pain level two out of ten with pain being minimal to mild at rest and with activity. The pain is described as dull to aching noting that rest improves the pain and weight bearing and prolonged sitting worsened pain. Physical examination on 10/13/2014 was remarkable for posterior hip pain and groin pain with resisted straight leg rising. The physician also noted a non-antalgic gait. Radiology studies noted on 10/13/2014 were remarkable for magnetic resonance imaging of the right hip and femur on 06/17/2014 revealing some early cartilaginous irregularity in the anterior acetabular region, anterior cortical convexity at the neck junction of the femoral head, with no discrete labral tear identified. X-ray of the right hip and femur on 05/05/2014 was noted to be within normal limits. Prior treatments offered to the injured worker included physical therapy, steroid injection, magnetic resonance arthrogram of the right hip, acupuncture, and a medication regimen Naprosyn and Tramadol. Documentation from 05/09/2014 indicated that the injured worker received ten acupuncture treatments noting an improvement in pain post treatment along with improvement in range of motion. While documentation indicated that acupuncture treatments was provided, there was no documentation of treatment plans or specific details of functional improvement, improvement in work function, or in activities of daily living. Physical therapy notation from 09/26/2014 indicated the injured worker to have increased mobility and less pain. Documentation on 09/03/2014 noted ten prior physical therapy sessions and was

starting physical therapy sessions of two visits a week for eight weeks; however the medical records provided did not provide treatment plan, or results of physical therapy visits in relation to functional improvement, improvement in work function, or in activities of daily living. Medical records from 06/30/2014 noted the injured worker to be off work. On 10/20/2014, Utilization Review non-certified the prescription of additional physical therapy twice a week for the right hip per 10/13/2014 with a quantity of eight. The physical therapy was non-certified based on California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine, pages 98 to 99 noting that the frequency of visits should be tapered into a self-directed home program. The Utilization Review also noted that the guidelines note nine to ten visits over eight weeks is appropriate for myalgia and myositis, but that the injured worker's injury was from 07/16/2013 with previous completed sessions of physical therapy with no documentation indicating how many sessions were previously performed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Additional Physical Therapy, Twice a Week, Right Hip: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Official Disability Guidelines, Hip & Pelvis

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

**Decision rationale:** The injured worker is a 47-year-old man with a date of injury on 07/16/2013. Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits twice weekly in this individual with chronic right hip pain. Therefore the request is not medically necessary.