MAXIMUS Federal Services

Case Number:	CM14-0200892		
Date Assigned:	12/11/2014	Date of Injury:	11/24/2010
Decision Date:	01/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 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:

This 53 year old female sustained a work related injury on 11/24/2010. She fell on her right hip and shoulder while in a freezer trying to avoid a colleague. The current diagnoses are cervical pain, muscle spasm, shoulder pain, and right hip pain. In 1991 she had a L5-S1 laminectomy. In 1994 she had left knee lateral release surgery. In 1995 she had a L4-L5 laminectomy. She epidural steroid injections to the right neck (2009), right shoulder and right hip (2011) and lumbar spine (2012). She had acupuncture in 2012. On 06/16/2011 she had a MRI of the right hip which revelaed minimal fraying of the anterior portion of the right acetabulum labrum with no tear. There was also gluteal tendonopathy. According to the progress report dated 11/5/2014, the injured workers chief complaints were pain in her neck, lower back, right shoulder, right arm, right elbow, right hand and right hip. The physical examination of the right hip revealed tenderness over the trochanter. Faber test is positive. She had physical therapy and has a home exercise program. Current medications are Pennsaid 1.5% solution and Lidoderm 5% patch. On this date, the treating physician prescribed physical therapy to the right hip, which is now under review. In addition to physical therapy, the treatment plan included massage therapy. She already completed 6 massage therapy visits. Additionally she had 7 physical therapy visits for the right hip. The physical therapy was prescribed specifically for strengthening and stretching of the right hip. The injured worker was initially treated with 7 sporadic physical therapy sessions. Treatments to date include medications, massage therapy, acupuncture, physical therapy, psychotherapy, TENS unit, and steroid injections. Right hip intra-articular injection was authorized; however, the injured worker wants to hold off until after physical therapy. When physical therapy was prescribed work status was permanent and stationary.On 11/13/2014, Utilization Review had non-certified a prescription for 6 physical therapy sessions to the right hip. The physical therapy was modified to 3 sessions based on documentation of beneficial

improvement from the previous six sessions. The California MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x 3, right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Hip and thigh. Physical Medicine.

Decision rationale: MTUS ACOEM does not have a chapter on hip injuries. ODG 2014 recommends a maximum of 9 physical therapy visits over 8 weeks for hip or thigh strain/sprain. She has already received 7 physical therapy visits for the right thigh not counting massage therapy. The requested 6 additional physical therapy visits are not medically necessary.