

<b>Case Number:</b>	CM14-0206103		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	10/22/2014
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Occupational Medicine 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 individual is a 66 y/o female who developed left hip pain after an injury dated 10/22/14. She has full ROM and negative x-ray findings. Soft tissue tenderness was described. She has completed 6 sessions of physical therapy and was reported to be doing very well with normal weight bearing, exercises and minimal discomfort. A request for an additional 6 sessions of physical therapy was modified in U.R. to approval of an additional 3 sessions. ODG Guidelines were utilized in the modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for left hip x six:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis (Acute & Chronic)

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

**Decision rationale:** The MTUS Guidelines do not address the issue of reasonable amounts of therapy for a hip strain. The ODG Guidelines directly address this issue and recommend up to 9

sessions as generally adequate. After 6 sessions this patient's function is reported to be good with minimal pain. There are no unusual circumstances to justify an exception to Guideline recommendations. The request for an additional 6 sessions of physical therapy for the hip is not medically necessary.