

<b>Case Number:</b>	CM14-0206683		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 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:

The injured worker (IW) is a 62-year-old woman with a date of injury of June 14, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are left hip greater trochanter bursitis and labral tear, status post two greater trochanteric injections and one intraarticular injection with continued pain and catching about the hip; status post hip arthroscopy, decompression of Cam and pincer lesions with debridement of the labrum; left foot second toe dislocation and fracture, status post Cam Walker immobilization for 6 weeks with very few residuals; left knee patellofemoral pain from compensation due to altered gait; and lumbar spine multilevel stenosis and stiffness possibly causing left-sided leg pain due to neural foraminal stenosis. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated October 30, 2014, the IW presents with multiple concerns. She continues with hip pain on the outside of the hip over the greater trochanter area. There are spasms in the back extending into the mid back area as well as shooting pain down the leg to the back of the knee. She has been doing home exercises on her own. She has been trying a walking regimen. On physical exam, there is tenderness over the greater trochanter with a lot of spasms. Straight leg raise test is positive. There is no pain with range of motion of the hip. In the treatment plan, the provider reports that due to spasms, the IW will be started on a muscle relaxer. A request for continued physical therapy to the left hip will be submitted. The physical therapy progress note dated October 13, 2014 indicates the IW was discharged from physical therapy with an addendum, by the physical therapist, continued physical therapy two times per week times six weeks. The IW is continuing a home exercise program daily. The medical record does not contain documentation referencing goals for treatment that could not be sufficiently addressed by the home exercise program. The injured worker received 12 visits of physical therapy according

to the documentation. The current request is for additional physical therapy three times a week for six weeks to the left hip.

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

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

#### **Physical Therapy 2x week x 6 weeks Left Hip: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Chapter; Hips & Pelvis

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times a week for six weeks left hip 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 guidelines, exceptional factors should be noted. The frequency and duration of physical therapy are enumerated in the official disability guidelines. In this case, the injured worker's working diagnoses are left hip greater trochanteric bursitis and labral tear, status post to greater trochanteric injections and one intra-articular injection with continued pain and catching about the hip; status post hip arthroscopy, decompression of Cam and Pincer lesions with debridement of the labrum; left toe the second toe dislocation and fracture; left knee patellofemoral pain from compensation; and lumbar spine multilevel stenoses and stiffness. The physical therapy progress note dated October 13, 2014 indicates the injured worker was discharged from physical therapy with an addendum, by the physical therapist, continued physical therapy two times per week times six weeks. The injured worker is continuing a home exercise program daily. The medical record does not contain documentation referencing goals for treatment that could not be sufficiently addressed by the home exercise program. The injured worker received 12 visits of physical therapy and should be well-versed with the exercises to perform well within a home exercise program. When treatment duration and number of visits exceeds that recommended by the guidelines exceptional factors should be noted. There are no exceptional factors documented in the medical record that addresses additional physical therapy. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, additional physical therapy three times a week for six weeks to the left hip is not medically necessary.