

Case Number:	CM14-0208740		
Date Assigned:	12/22/2014	Date of Injury:	10/07/2013
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/12/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 59 year old male with an injury date on 10/07/2013. Based on the 10/28/2014 progress report provided by the treating physician, the diagnoses are:1. Torn labrum, hip2. DJD lumbar spine3. Rule out DJD hip vs FAI (Femoral Acetabular Impingement) According to this report, the patient complains of "constant nagging pain in the lower back, becoming sharp and shooting pain with certain activities. His pain travels to his left leg and foot." There is "aching in the left hip, aggravated with prolonged sitting and standing. His pain travels to his leg. He experiences a locking and clicking sensation in the left hi. The patient ambulates with a one-point cane. Examination findings show an individual with a "markedly antalgic gait on the left." The patient is unable to perform toe and heel walk. Hip internal rotation is decreased bilaterally. The treatment plan is requesting for CT scan, arthroscopy of the left hip and will see the patient back in six weeks. The patient's past treatment consists of injection, medication, lab work, x-ray, and MRI arthrogram. The patient's work status is "currently not working. He last worked on January 17, 2014." There were no other significant findings noted on this report. The utilization review denied the request for physical therapy 3x4 weeks for the left hip on 11/18/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/16/2014 to 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 weeks for the left Hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: According to the 10/28/2014 report, this patient presents with low back and hip pain. Per this report, the current request is for physical therapy 3x4 weeks for the left hip but the treating physician's report containing the request is not included in the file. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Reviewing of the provided reports shows no documentation of previous physical therapy sessions. A short course of therapy may be reasonable if the patient's symptoms are flared, or for significant decline in function. However, there is no documentation of flare-up or a new injury to warrant formalized therapy. MTUS page 8 requires that the treater provides monitoring of the patient's progress and makes appropriate suggestions. In this case, the treating physician has asked for 12 visits of therapy which exceed what is allowed per MTUS. MTUS allows 8-10 sessions for this type of condition; therefore, the request is not medically necessary.