

Case Number:	CM15-0003091		
Date Assigned:	01/14/2015	Date of Injury:	05/22/2009
Decision Date:	03/18/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 46 year old female, who sustained an industrial injury on May 22, 2009. She has reported hip and back injury. The diagnoses have included sprain and strain of the hip and displacement of thoracic intervertebral disc. Treatment to date has included medications, and surgery. Currently, the IW complains of pain of the upper and lower back, pain of both hips. Evaluation on November 19, 2014, indicates left mid-anterior thigh, left mid-lateral calf, and left lateral ankle are all intact. There are no other medical reports available for this review. On December 8, 2014, Utilization Review non-certified twelve (12) physical therapy visits, for the left hip, two (2) times a week for six (6) weeks, outpatient, based on MTUS guidelines. On January 6, 2015, the injured worker submitted an application for IMR for review of twelve (12) physical therapy visits, for the left hip, two (2) times a week for six (6) weeks, outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy for the left hip, 2 times a week for 6 weeks, outpatient: 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: The patient presents with pain in the upper back, low back and bilateral hip region. The request is for 12 Physical Therapy For The Left Hip, 2 Times A Week For 6 Weeks, Outpatient. Patient's diagnosis per 11/19/14 progress report included thoracic disc bulge, lumbar spine surgery, right hip strain and left hip strain. Per 11/19/14 progress report, patient is to remain off-work for 6 weeks. MTUS pages 98,99 has the following: 'Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for 'Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended.' Treater has not provided reason for the request, treatment history, nor indicated why patient cannot move on to home therapy program. There are no previous records of physical therapy, thus, a short course of physical therapy would be indicated. However, the request for 12 sessions of physical therapy would exceed guideline recommendation for the patient's condition. Therefore, the request is not medically necessary.