

Case Number:	CM15-0004798		
Date Assigned:	01/16/2015	Date of Injury:	09/11/2012
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/09/2015

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: Preventive Medicine, Occupational Medicine

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 September 11, 2012. She has reported right hip pain. The diagnoses have included status post right hip arthroplasty. Treatment to date has included physical therapy, diagnostic injection, surgery, acupuncture, and medications. Currently, the IW complains of pain in the groin area. A progress note from September 24, 2014, indicates there is minimal improvement with physical therapy. Physical findings are noted as full range of motion of the lumbar spine, limited range of motion of the right hip due to pain, full range of motion of the left hip. On December 31, 2014, Utilization Review non-certified additional physical therapy, two times weekly for six weeks, based on MTUS, Chronic Pain Medical Treatment guidelines. On January 4, 2015, the injured worker submitted an application for IMR for review of additional physical therapy, two times weekly for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; additional 12 sessions (2x6): Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The medical records indicate that this injured worker has not experienced improvement following her right hip labral repair. She has failed physical therapy and other treatments. Additional therapist guided physical therapy is not indicated since prior therapy proved to not be beneficial. The status of a home exercise program is not reported, but a self-directed home exercise program should replace therapist guided rehabilitation. The request for Physical therapy; additional 12 sessions (2x6) is determined to not be medically necessary.