

Case Number:	CM15-0005282		
Date Assigned:	01/16/2015	Date of Injury:	06/17/2014
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60 year old male with a date of injury as 06/17/2014. The the worker sustained an acetabular fracture as a result of his work injury. The current diagnoses include status post acetabular fracture, non-operative. Previous treatments include medications, and physical therapy. Report dated 11/19/2014 noted that the injured worker presented with complaints that included groin pain. The injured worker is still using crutches. Physical examination revealed irritable hip to flexion. Most current x-rays reveal that the acetabular fracture is healed with no loss of joint space. Documentation supports that the injured has completed 24 visits of physical therapy to date. The therapist noted that he injured worker reports reduction in symptoms and improvement in function of more than 25% since starting therapy. It was also noted that the injured worker had achieved goals and he would benefit from additional therapy The injured worker is temporarily totally disabled. The utilization review performed on 12/17/2014 non-certified a prescription for additional physical therapy 2 x 6 weeks of the right hip based on current information did not document findings as of the 24th visit that would support the need to deviate from guideline recommendation, which recommend up to 18 visits for medical treatment of a pelvis fracture. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x6 weeks of the right 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 (ODG), Hip & Pelvis Chapter, Physical Therapy; Physical Medicine Guidelines

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing hip and groin pain. These records suggested modest symptom improvement with therapist-directed physical therapy. There was no discussion describing special circumstances that would suggest additional therapist-directed physical therapy would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for additional physical therapy for the right hip twice weekly for six weeks is not medically necessary.