

Case Number:	CM15-0100518		
Date Assigned:	06/02/2015	Date of Injury:	02/19/2015
Decision Date:	07/01/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 44 year old male, who sustained an industrial injury on 2/19/2015. He reported an immediate pain to the right hip and right groin after merchandise fell onto hip. Diagnoses include hip contusion, hip fracture and pelvic fracture. Treatments to date include activity modification, crutches, NSAID, analgesic, and physical therapy. Currently, he complained of right sided pelvis pain. On 4/16/15, the physical examination documented the inability to fully weight bear on the right lower extremity, ambulation with crutches. There was tenderness over the right pubic rami region. The plan of care included physical therapy three times a week for four weeks to treat the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times weekly abdominal wall and right hip per 04/13/15 order qty 12.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/24345966> and Official Disability Guidelines (ODG), Hip & Pelvis (updated 10/09/2014) - Online Version.

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) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times weekly to the abdominal wall and right hip (12 visits) April 13, 2015 date of service 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is healed right pubic junctional rami fracture. The date of injury is that were 19th 2015. The injured worker sustained a fractured pelvis. In a March 3, 2015 progress note, the injured worker completed for physical therapy sessions. Documentation from an April 3, 2015 progress note (request for authorization date April 24, 2015), states the injured worker subjectively has persistent pain on the right side of the pelvis. The injured worker ambulates with crutches. The treatment plan states the injured worker is to complete three sessions of physical therapy per week times four weeks. There is no discussion in the medical record of physical therapy to the abdominal wall. The guidelines recommend a six visit clinical trial with additional physical therapy based on objective functional improvement. Physical therapy and provider progress notes do not contain evidence of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement with the initial trial of physical therapy and a clinical indication and rationale for physical therapy to the abdominal wall date of service April 13, 2015, physical therapy three times weekly to the abdominal wall and right hip (12 visits) April 13, 2015 date of service is not medically necessary.