

Case Number:	CM15-0135043		
Date Assigned:	07/29/2015	Date of Injury:	11/21/2014
Decision Date:	08/25/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This injured worker is a 67-year-old male who reported an industrial injury on 11/21/2014. His diagnoses, and or impression, were noted to include: right upper extremity and hip strain, without complete tear (hamstring tendinosis) and his 2/17/15 MRI of the right hip reported nondisplaced tear of the anterior superior glenoid labrum with a small paralabral cyst. His treatments were noted to include diagnostic x-rays of the right hip; medication management; and modified work duties. The progress notes of 12/1/2014 reported a re-evaluation of severe pain in the right back of his leg and up near the buttocks. Objective findings were noted to include tenderness along the quadriceps in the dorsal aspect of the leg that was with fair strength on the back of the leg, and the inability to push/pull due to pain; and an antalgic gait that favored the right leg. The physician's requests for treatments were noted to include physical therapy for the right hip and leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines - Hip.

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) Hip and Pelvis-physical medicine treatment.

Decision rationale: Physical Therapy, 8 sessions is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that for sprains and strains of hip and thigh 9 visits over 8 weeks of PT is recommended. The MTUS recommends a transition from a supervised PT program to an independent home exercise program. The documentation indicates that the patient has had prior PT (8 sessions as of 3/10/15) for this condition without evidence of significant efficacy. The patient should be competent in a home exercise program and there are no extenuating circumstances that necessitate 8 more supervised therapy sessions. Furthermore, the request as written does not specify a body part for this therapy. For these reasons physical therapy, 8 sessions is not medically necessary.