

<b>Case Number:</b>	CM15-0139012		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	10/22/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Emergency 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 65-year-old female who reported an industrial injury on 10/22/2014. Her diagnoses, and or impression, were noted to include sacrodynia; and lumbar spondylosis. No imaging studies were noted. Her treatments were noted to include injection therapy; medication management; and rest from work. The progress notes of 3/2/2015 reported a follow-up visit following her left sacroiliac joint injection, and to review her opioid pain management. She reported complete success from the injection with immediate, and continued, relief from pain, but with residual muscle spasms in the gluteal region after walking. Objective findings were noted to include one area of tenderness over the left gluteal musculature, different than the sacroiliac issues prior to the injection; and an antalgic gait that favors the right lower extremity. The physician's requests for treatments were noted to include physical therapy for the pelvis to start as soon as possible, as a different approach to the muscle spasms in the left gluteal region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks pelvis:** Upheld

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

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

**Decision rationale:** The requested Physical therapy 2 times a week for 6 weeks pelvis is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The treating physician has documented complete success from the injection with immediate, and continued, relief from pain, but with residual muscle spasms in the gluteal region after walking. Objective findings were noted to include one area of tenderness over the left gluteal musculature, different from the sacroiliac issues prior to the injection; and an antalgic gait that favors the right lower extremity. The treating physician has not documented the medical necessity for a current trial of physical therapy beyond 6 sessions and then re-evaluation. The criteria noted above not having been met, Physical therapy 2 times a week for 6 weeks pelvis is not medically necessary.