MAXIMUS Federal Services

Case Number:	CM15-0141107		
Date Assigned:	07/30/2015	Date of Injury:	11/01/2012
Decision Date:	08/27/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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: Physical Medicine & Rehabilitation

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 patient sustained an injury on November 1, 2012. The injured worker previously received the following treatments right hip cortisone injection, right hip MRI, Fenoprofen, Cyclobenzaprine, Acetaminophen with Codeine, Omeprazole, Lunesta, Tramadol, Terocin Patches, lumbar spine MRI, right hip x-rays, lumbar spine x-rays and right hip MRI. The injured worker was diagnosed with sprain of the hip and thigh, lumbar disc disorder, right hips pain, internal derange of the right hip, lumbar discopathy with radiculitis with segmental instability, right hip degenerative joint disease with labral tear and lumbar degenerative disc disease. According to progress note of June 24, 2015, the injured worker's chief complaint was constant residual pain in the low back. The pain was aggravated by bending, lifting, pushing, prolonged sitting, prolonged standing and walking multiple blocks. The pain was characterized as sharp. There was radiation of pain into the lower extremities. The pain was worsening. The injured worker was 8 out of 10 in the lumbar spine. There was frequent pain in the right hip was aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, prolonged standing, getting up from a sealed position. The injured worker was having difficulty with tying shoes and putting on socks. The pain was characterized as throbbing. The injured worker rated the pain at 5 out of 10. The physical exam noted tenderness with palpation of the paravertebral muscle tenderness with spams and right hip greater trochanter. The seated nerve root test and Fabere were positive. The range of motion with standing flexion and extension were guarded and restricted. There was tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as the foot, L5-S1 dermatomal patterns. There was full strength in the EHL and ankle planter flexors, L5 and S1 innervated muscles. The treatment plan included

physical therapy sessions for the lumbar spine and right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical therapy sessions: lumbar spine and right hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 8 Physical therapy sessions: lumbar spine and right hip is not medically necessary and appropriate.