MAXIMUS Federal Services

| Case Number: | CM15-0146964 | | |
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| Date Assigned: | 08/07/2015 | Date of Injury: | 08/17/2012 |
| Decision Date: | 09/11/2015 | UR Denial Date: | 07/21/2015 |
| Priority: | Standard | Application Received: | 07/28/2015 |

## 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 injured worker is a 50-year-old female who sustained an industrial injury on August 17, 2012 resulting in right-sided low back and hip pain. She was diagnosed with right hip pain. Documented treatment has included a Toradol injection, and medication with no documented results. The injured worker continues to report right hip pain, including difficulty sleeping on her right side. The treating physician's plan of care includes 12 physical therapy visits for the right hip. Current work status is not provided in the documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy visits for the right hip:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines Page(s): 99.

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

**Decision rationale:** The 50 year old patient complains of pain in neck, lower back, bilateral elbows, shoulders, and right hip, as per progress report dated 07/07/15. The request is for 12

PHYSICAL THERAPY VISITS FOR THE RIGHT HIP. There is no RFA for this case, and the patient's date of injury is 08/17/12. Diagnoses, as per progress report dated 07/07/15, included right shoulder impingement syndrome, left shoulder strain, lumbar bursitis, and right hip (trochanteric) bursitis. The patient is status post right shoulder arthroscopy on 08/15/14 and is taking Naproxen and Lidoderm patch for pain relief. The patient has been allowed to return to modified work, as per the same progress report. MTUS Guidelines, Physical Medicine section at pages 98 to 99, state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." MTUS, post-surgical guidelines pages 26-27, recommend 24 visits over a period of 14 weeks for shoulder rotator cuff repair process. The post-operative time frame is 6 months. In this case, the request for PT for right hip is first noted in progress report dated 04/14/15. In the report, the treater states that the patient has tenderness over the greater trochanter along with adequate range of motion. As per a subsequent progress report dated 07/07/15, the patient has "very tender right greater trochanteric pain referred to lateral hip with hip motion." Progress reports do not discuss prior PT or its efficacy. The Utilization Review denial letter also does not document the number of session completed in the past but states that the request was denied as there is no data to indicate the patient has any functional deficit or a lack of range of motion. Given the patient's date of injury, it is reasonable to assume that the patient has had some therapy in the past. It is not clear why the patient has not transitioned to a home exercise regimen. Additionally, MTUS only allows for 8 - 10 sessions in non-operative cases, and the treater's request for 12 sessions exceeds that limit. Hence, the request IS NOT medically necessary.