

Case Number:	CM15-0164697		
Date Assigned:	09/02/2015	Date of Injury:	03/04/2015
Decision Date:	10/05/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/21/2015

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:

The injured worker is a 55 year old female who sustained an industrial injury on 03-04-2015. Mechanism of injury occurred when she was moving large boxes and felt pain in her right lower abdomen and groin. Diagnoses include right labral hip tear versus degenerative tear, L4-5 disc extrusion and sports hernia. Treatment to date has included diagnostic studies, medications, use of an abdominal binder. A computed tomography of the abdomen and pelvis revealed no defect. A Magnetic Resonance Imaging of the right hip done on 03-23-2015 revealed a mild tear or degenerative change of the superior labrum. Hip articular cartilage and supporting structures are otherwise intact. She is working modified duty. A physician progress note dated 08-10-2015 documents the injured worker complains of constant right groin pain rated 5-7 out of 10. At times the area swells and the pain is sharp and stabbing, with numbness as well as tightness. She cannot lie on her stomach or lift heavy objects. On examination there is pain with resisted hip flexion. She has tenderness in the lateral aspect of the pubic bone and right inguinal area at the attachment of the abdominal muscles. Treatment requested is for physical therapy for right pubic symphysis and abdominal area Qty: 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right pubic symphysis and abdominal area Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Hernia Procedure Summary Online Version.

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

Decision rationale: Physical therapy for right pubic symphysis and abdominal area Qty: 8 is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 10 visits for myalgia/myositis and up to 10 visits for neuralgia/neuritis. The patient has had prior therapy for her symptoms however there is no evidence of the amount of prior therapy for this condition and the outcome in terms of functional improvement. Without clarification of this information, additional PT is not medically necessary.