

Case Number:	CM15-0181592		
Date Assigned:	09/22/2015	Date of Injury:	05/19/2005
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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, Hawaii
 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:

This is a 74 year old male with a date of injury on 5-19-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, sciatica, and pain in joint of pelvic region and thigh. Medical records (4-16-2015 to 8-18-2015) indicate ongoing right hip and low back pain. According to the progress report dated 8-18-2015, the injured worker was eager for more physical therapy for the right hip. The physical exam (8-18-2015) revealed a healthy, well appearing male in no apparent distress. He ambulated without a device with a normal gait. Treatment has included right total hip replacement in 2014 and left total hip replacement in January, at least six sessions of physical therapy, lumbar epidural steroid injection (2013) with no relief, piriformis injections with six weeks of relief and medications. The request for authorization dated (8-19-2015) was for physical therapy times six visits, twice a week for three weeks. The original Utilization Review (UR) (8-26-2015) denied a request for physical therapy twice a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 3 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the low back and right hip. The current request is for Physical therapy 2 x week x 3 weeks. The treating physician report dated 8/18/15 (23B) states, "A conversation regarding physical therapy that required an extended level of care counseling was had with the patient." The report goes on to state, "eager for more physical therapy for the R hip secondary some increased pain, good benefit with it in the past, just had 6, wants more." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 6 prior physical therapy sessions for the right hip. The patient is status post right total hip replacement in 2014 and L total hip replacement in January and is no longer within the post-surgical treatment period of 4 months as established by the MTUS-PSTG. In this case, the patient has received 6 prior physical therapy sessions. The physician has documented that flaring has occurred and the request for 6 sessions of physical therapy to train the patient is within the MTUS guidelines as there has been a change in the patient's condition and further therapy is warranted. The current request is medically necessary.