

Case Number:	CM15-0190037		
Date Assigned:	10/02/2015	Date of Injury:	01/19/2014
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30 year old female, who sustained an industrial-work injury on 11-19-14. A review of the medical records indicates that the injured worker is undergoing treatment for left hip strain and sprain and degenerative osteophyte. Magnetic resonance imaging (MRI) of the lumbar spine dated 5-21-14 reveals L4-5 disc protrusion, facet hypertrophy causing narrowing of the left neural foramen that affects the left L4 exiting nerve root. Treatment to date has included pain medication, diagnostics, transcutaneous electrical nerve stimulation (TENS) trial, physical therapy and acupuncture (unknown amount), massage therapy, off of work and other modalities. Medical records dated 8-25-15 indicate that the injured worker complains of lumbar spine pain rated 7 out of 10 on the pain scale with spasm and tightness. The pain is increased with activity and prolonged positions. The physician indicates that there have been no changes in function since the last exam. Per the treating physician report dated 8-25-15 the injured worker has not returned to work. The physical exam dated 8-25-15 reveals that she is in mild distress, she exhibits difficulty with rising from sitting, she is obese, posture is slumped, she moves about with stiffness without use of an assistive device, and there is tenderness noted in the left hip area. The physician indicates that the injured worker is a candidate for trigger point injection but is refusing. He also indicates that acupuncture, transcutaneous electrical nerve stimulation (TENS) and massage were helpful temporarily. The request for authorization date was 8-30-15 and requested service included Physical therapy, left hip. The original Utilization review dated 9- 11-15 non-certified- the request for Physical therapy, left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, left hip: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis (Acute & Chronic) - Physical medicine treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in January 2014 when she slipped and fell while mopping of floor. In March 2014 she had undergone physical therapy, acupuncture, and chiropractic treatments. An epidural injection was done in July 2014. She was seen by the requesting provider for an initial evaluation in April 2015. She was having shoulder, hand, wrist, low back, and left hip pain with secondary depression, anxiety, mood swings, and insomnia. When seen in August 2015, she was having pain rated at 5-7/10. There had been temporary relief with acupuncture, TENS, and use of a massage chair. Physical examination findings included a body mass index over 42. She was noted to move stiffly. There were multiple areas of tenderness. She had bilateral trapezius muscle spasms. Spurling's and cervical distraction testing was negative. Authorization is being requested for six sessions of physical therapy for the cervical and lumbar spine, left hip, and bilateral shoulder and wrists. The claimant is being treated for chronic pain and has not had physical therapy in at least 6 months. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program or determining whether additional physical therapy was needed or likely to be any more effective than previously. The request was medically necessary.