

Case Number:	CM15-0192578		
Date Assigned:	10/06/2015	Date of Injury:	01/07/2013
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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:

The injured worker is a 37 year old male with an industrial injury dated 01-07-2013. A review of the medical records indicates that the injured worker is undergoing treatment for status post-surgical right knee arthroscopy with medial and lateral meniscectomy, chondroplasty, synovectomy and loose body excision on 5-22-2015 and left hip trochanteric bursitis due to overload. According to the progress note dated 06-02-2015, the injured worker reported significant pain in the left hip. Pain level was not documented in report (06-02-2015). Objective findings (06-02-2015) revealed palpable tenderness over the greater trochanteric bursa of the left hip. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. As of 06-02 -2015, the injured worker was on temporary total disability for the following six weeks. The treatment plan included Magnetic Resonance Imaging (MRI) study for left hip, course of physiotherapy, steroidal injections to the left hip, medication management and follow up visit. There were no recent progress reports, radiographic imaging or physiotherapy reports included for review. The treating physician prescribed services for 12 physical therapy visits for the left hip. The utilization review dated 09-15-2015, non-certified the request for 12 physical therapy visits for the left hip.

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 left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Physical Medicine Treatment.

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

Decision rationale: The patient presents with significant left hip pain. The patient is status post-surgical right knee arthroscopy with medial and lateral meniscetomy, chondroplasty, synovectomy and loose body excision on 5/22/15. The current request is for 12 physical therapy visits for the left hip. The treating physician states 6/2/15 (40B), the patients "right knee is improving status-post surgery. He continues to experience significant pain in the left hip." "I recommend that the patient attend a course of physiotherapy 3 times a week for the following 8 weeks." Current diagnosis is left hip trochanteric bursitis due to overload. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, 8-10 sessions of physical therapy are recommended. In this case, the physician has documented the patients left hip complaints arose out of the course of the patient's normal employment as a sequela injury due to the right knee arthroscopy and thus treatment is requested for a flare up and/or new injury. Although the current request may be medically necessary, the request for 12 sessions exceeds what MTUS allows for this type of condition. Therefore, current request is not medically necessary.