

Case Number:	CM15-0193935		
Date Assigned:	10/07/2015	Date of Injury:	12/07/2011
Decision Date:	11/23/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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 51 year old female who sustained an industrial injury on 12-7-11. A review of the medical records indicates she is undergoing treatment for right sided hip strain, adductor strain, and probable proximal hamstring strain with chronic tendinosis, status post non-industrial motor vehicle accident resulting in low back pain and neck pain, low back pain with lumbar radiculitis, and status post fall with exacerbation of chronic low back, leg, and neck pain (non-industrial). Medical records (6-1-15 to 8-27-15) indicate complaints of right sided pubic and groin regional pain. She reports her pain is "moderate to severe" without the use of medications. Her symptoms are "worse" with activity. The physical exam (8-27-15) reveals "give way" weakness of the right leg. Hip flexion on the right is "at least 4, left 5", as are knee extension, ankle dorsiflexion, ankle plantar flexion, and EHL. The sensory exam reveals "subjective decreased entire right leg" to light touch. The treating provider indicates "non-dermatomal". Tenderness to palpation is noted over the right inner thigh "just inferior to the right pubic ramus". There is also noted tenderness to palpation over the midline of the lumbar spine, lumbosacral paraspinal region, and right buttock "and PSIS". Diagnostic studies have included x-rays of the pelvis, MRIs of the right thigh, lumbar spine, and right hip, as well as EMG-NCV of the right lower extremity. Treatment has included physical therapy "x3", including at least 8 sessions from 4-14-15 to 6-23-15, a TENS unit, a home exercise program, acupuncture, medications, and use of a cane. The treatment recommendations include 8 sessions of physical therapy. The utilization review (9-3-15) indicates denial of the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 4 for groin pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip & Pelvis Chapter, Official Disability Guidelines (ODG): Physical medicine guidelines.

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

Decision rationale: The patient presents with right sided pubic and groin regional pain. The current request is for Physical Therapy 2 times 4 for groin pain. The treating physician states, in a report dated 07/27/15, "RFA: more PT x 8. Pt. had PT x 3 with TENS unit. She reports it helped partially." (32B) The MTUS guidelines support physical therapy 8-10 sessions for myalgia and joint pain. The treating physician in this case has documented that the patient had partial relief of the initial onset of physical therapy and has requested 8 sessions to work on strengthening exercises and to help decrease pain levels. The current request is medically necessary.