

<b>Case Number:</b>	CM15-0199821		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/18/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 57 year old male, who sustained an industrial injury on March 18, 2015. The injured worker was diagnosed as having cervical spine strain with degenerative disc disease, thoracic spine strain with degenerative disc disease, lumbar spine strain with degenerative disc disease, rule out cervical and lumbar radiculopathy, rule out bilateral carpal tunnel syndrome and ulnar nerve entrapment neuropathy, bilateral shoulder subacromial impingement syndrome, and anxiety. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, laboratory studies, and physical therapy. In the progress notes dated July 28, 2015 and July 07, 2015 the treating physician reports complaints of pain to the low back, but did not include complaints to the left hip or pelvis. Examinations performed on July 28, 2015 and July 07, 2015 was revealing for decreased range of motion to the lumbar spine, muscle spasm and guarding to the lumbar spine, tenderness to the lumbar paraspinal muscles, but the examinations did not include an examination of the left hip and pelvis. The injured worker's pain level to the lumbar spine on July 28, 2015 was rated a 9 out of 10 and on July 07, 2015 was rated an 8 to 9 out of 10, but the progress notes did not include the injured worker's pain level to the left hip and pelvis. The medical records provided included 6 physical therapy progress notes and did not indicate the total amount of prior physical therapy performed. The physical therapy progress note from April 24, 2015 noted a pain level of a 10 on a scale of 0 to 10 and the physical therapy progress note from May 14, 2015 noted a pain level of a 9 on a scale of 0 to 10. The physical therapy progress note from May 14, 2015 also noted that the injured worker's "muscle strength is unchanged, range of motion is unchanged", "sensation is unchanged", along with

noting that the injured worker's "overall improvement is poor", "tolerated procedures poorly", and "is non-compliant with home exercise program." The physical therapy progress note from May 14, 2015 showed no increase in the injured worker's range of motion to the lumbar spine from the visit performed on April 24, 2015. On July 28, 2015 the treating physician requested twelve sessions of physical therapy to the left hip and pelvis, but did indicate the specific reason for the additional therapy. On September 28, 2015 the Utilization Review determined the request for twelve sessions of physical therapy to the left hip and pelvis to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy left hip/pelvis x12: Upheld**

**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 (Acute & Chronic), Physical Medicine.

**MAXIMUS 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 and pelvis section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the left hip/pelvis times #12 is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical, thoracic and lumbar spine strain with degenerative disc disease; rule out cervical and lumbar radiculopathy; rule out bilateral carpal tunnel syndrome and nerve entrapment neuropathy; bilateral shoulder subacromial impingement syndrome; and complaints of anxiety. Date of injury is March 18, 2015. Request for authorization is September 21, 2015. The most recent progress note in the medical record is dated July 28, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization September 21, 2015. According to the July 28, 2015 progress note, subjective complaints include low back pain 9/10 pain 9/10 and right hand pain 9/10. There are no subjective symptoms of the right hip or pelvis. Objectively, there is cervical, shoulder, thoracic and lumbar decreased range of motion. There is trapezius muscle tenderness. There is no hip examination. The utilization review states the injured worker received 18 prior physical therapy sessions, but does not specifically reference the hip. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no subjective documentation with hip complaints or objective hip findings, physical therapy to the left hip/pelvis times #12 is not medically necessary.