

Case Number:	CM15-0200153		
Date Assigned:	10/15/2015	Date of Injury:	07/27/2014
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	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: Texas, California
 Certification(s)/Specialty: Family Practice

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 53-year-old male, with a reported date of injury of 07-27-2014. The diagnoses include right hip tendonitis and bursitis. Treatments and evaluation to date have included Diclofenac sodium, Naproxen sodium, physical therapy, and a TENS unit. The diagnostic studies to date have not been included in the medical records provided. The medical report dated 09-17-2015 indicates that the injured worker rated his pain 6 out of 10 with medications; and 10 out of 10 without medications. On 08-20-2015, the injured worker rated his pain 8 out of 10 with medications, and 10 out of 10 without medications. He presented with chronic progressive pain in the lower back, right hip, right shoulder, and right knee. It was noted that his quality of sleep was "fair". It was also noted that the injured worker's activity level had increased. The current objective findings were not indicated. The treatment plan included six additional physical therapy sessions for the hip and thigh as recommended by the physiotherapist to further improve range of motion and strength. The injured worker has been prescribed modified duty. There were six physical therapy reports from 07-30-2015 to 09-14-2015 included in the medical records provided. The physical therapy report dated 09-14-2015 indicates that the injured worker complained of right hip pain. He rated his pain 8-9 out of 10. The objective findings included right hip flexion at 70 degrees on 07-30-2015 and right hip flexion at 50 degrees on 09-14-2015. Patient had received 18 PT visits for this injury. The patient's surgical history includes right ankle surgery. The patient sustained the injury due to fall. The patient had used a TENS unit for this injury. The patient had MRI of hip that revealed tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 sessions of physical therapy, right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis.

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

Decision rationale: Request: Additional 6 sessions of physical therapy, right hip. The guidelines cited below 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" The patient has received 18 PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Additional 6 sessions of physical therapy, right hip is not fully established for this patient.

Additional 6 sessions of physical therapy, right thigh: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis.

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

Decision rationale: Additional 6 sessions of physical therapy, right thigh. The guidelines cited below 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." The patient has received 18 PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Additional 6 sessions of physical therapy, right thigh is not fully established for this patient.