

Case Number:	CM15-0205466		
Date Assigned:	10/22/2015	Date of Injury:	03/23/2015
Decision Date:	12/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/19/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 44 year old female with a date of injury on 3-23-15. A review of the medical records indicates that the injured worker is undergoing treatment for right hip, buttock and thigh pain. Progress report dated 9-1-15 reports significant improvement with 6 out of 6 sessions of physical therapy. She still has complaints of intermittent right SI joint pain and is worse when she sleeps on her side. Physical exam: right hip appears normal, normal strength, no tenderness and range of motion is normal. Treatments include: medication and physical therapy. Request for authorization dated 9-1-15 was made for Physical therapy for 6 visits for the right hip. Utilization review dated 9-9-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 6 visits for the right hip: 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) web Hip and Pelvis.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Physical Therapy.

Decision rationale: MTUS Guidelines recommend limited physical therapy for pain affecting the low back and/or surrounding structures. ODG Guidelines are more specific with the recommendation that from 9-10 sessions of therapy are adequate for this individual's condition (the Guidelines include SI joint pain in this recommendation). This individual has done very well and one could make an argument that further therapy was not necessary or at least there is no rationale to exceed Guideline recommendation. Under these circumstances, the request for an additional 6 sessions of physical therapy is not supported by Guidelines and is not medically necessary.