

Case Number:	CM15-0023634		
Date Assigned:	02/13/2015	Date of Injury:	03/03/2011
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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:

The injured worker is a 31 year old male, who sustained a work/ industrial injury on 3/3/11 as a deputy sheriff. It was a grade II proximal hamstring strain (re-injury). He has reported symptoms of right leg pain near the buttock and weakness. Prior medical history included prior hamstring strain. The diagnoses have included grade II proximal hamstring strain with 2011 re-injury. Treatments to date included medication, physical therapy, and platelet-rich plasma injection (PRP). Diagnostics included an ultrasound that examined the right hamstring muscle that demonstrated mild hypoechogenicity along the biceps femoris muscle belly proximally with no other osseous or soft tissue abnormalities seen. Exam noted stiffness with range of motion, tender points near the ischial tuberosity, knee flexion at 4-/5 compared with the contra lateral side at 5/5. Non-surgical alternatives were requested by the IW. On 12/5/14, the IW had slightly improved flexibility and less discomfort with exertion. Hamstring curls were less painful. There was good muscle bulk. There was 4+/5 knee flexion. A request for additional physical therapy was requested. On 1/16/15, Utilization Review non-certified a Physical Therapy 2x6 for the right upper leg, noting the Medical treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and Official Disability Guidelines (ODG), Physical Therapy Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the right upper leg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines; Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26, Pages 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is documentation of objective functional improvement. I am reversing the previous utilization review decision. Physical Therapy 2x6 for the right upper leg is medically necessary.