

<b>Case Number:</b>	CM15-0213551		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 74 year old male, who sustained an industrial injury on 10-28-11. The injured worker was diagnosed as having pain in right hip, low back pain, and difficulty walking. Treatment to date has included 12 physical therapy sessions, a home exercise program, and a right hip joint injection. Physical exam findings on 10-5-15 included antalgic gait and tenderness to palpation in the right lateral hip and buttocks. The most recent physical therapy report was dated 10-5-15. On 10-5-15, the injured worker complained of pain in the right hip and low back. On 10-6-15 the treating physician requested authorization for additional physical therapy 2x4. On 10-14-15 the request was modified to certify physical therapy 1x4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times a week for 4 weeks: 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 and Pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in October 2011 when he fell on muddy cement. In August 2015 he was having right hip pain. There had been mild temporary relief of pain after a hip injection. He was having hip pain as well as lower back and buttock pain radiating to the back of his leg. He was referred for physical therapy. In October 2015, when seen by the primary treating provider, he had completed 12 physical therapy treatments for the back and hip which had been of minimal help. He had been seen by a chiropractor. Injections were being considered. When seen in physical therapy two days before he was having right hip pain ranging from 2-8/10. He felt his hip was less tender and he had been able to climb a few steps on a ladder with the physical therapy treatments that had been provided. Physical examination findings included an antalgic gait without use of an assistive device and with a wide base of support. There was minimal right lateral hip and buttock tenderness. An additional eight physical therapy treatment sessions are being requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy with reported minimal benefit. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to finalize a home exercise program. The request is not medically necessary.