

Case Number:	CM15-0223215		
Date Assigned:	11/19/2015	Date of Injury:	12/30/2014
Decision Date:	12/30/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/13/2015

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 48 year old male, who sustained an industrial injury on 12-30-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for left hip full thickness, partial width tearing of the left iliotibial band and labral tear and lumbar spine sprain-strain. Treatment and diagnostics to date has included left hip MRI and medications. No recent medications noted. Subjective data (06-15-2015 and 09-14-2015), included left hip pain. Objective findings (09-14-2015) included tightness and spasm in the lumbar paraspinal muscles bilaterally and tenderness over the greater trochanteric bursa of the left femur. No recent surgery was performed. The request for authorization dated 10-22-2015 requested physical therapy 2-3 x a week x 6 (for the left hip and lumbar spine). The Utilization Review with a decision date of 10-29-2015 modified the request for physical therapy 3x6 to the left hip and lumbar spine to physical therapy 2x2 to the left hip and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, left hip and lumbar spine, 3 times weekly for 6 weeks, 18 sessions:

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: Physical therapy guidelines; Preface.

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

Decision rationale: MTUS Guidelines recommend that from 8-10 sessions of supervised physical therapy is adequate for an individual to learn and follow through with independent exercises and self protective behaviors. There are no unusual circumstances to justify an exception to Guidelines. This request significantly exceeds Guideline recommendations without adequate rationale. The request for Physical therapy, left hip and lumbar spine, 3 times weekly for 6 weeks, 18 sessions is not supported by Guidelines and is not medically necessary.