

Case Number:	CM15-0034471		
Date Assigned:	03/02/2015	Date of Injury:	03/26/2014
Decision Date:	04/07/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 36-year-old male, with a reported date of injury of 03/26/2014. The diagnoses include right hip tendonitis. Treatments have included a functional capacity evaluation on 12/19/2014. The functional capacity evaluation report dated 12/19/2014 indicates that the injured worker had right hip pain. He was prevented from doing repetitive squatting, stooping and kneeling, and prolonged stair climbing due to his right hip. The physical examination of the right hip showed restricted right hip range of motion, with moderate discomfort, a normal gait pattern, normal balance stances, and weakness of the right hip flexors and extensors. The report from which the request originates was not included in the medical records provided for review. The treating physician requested physical therapy three times a week for four weeks for the right hip. The rationale for the request was not indicated. On 02/10/2015, Utilization Review (UR) denied the request for physical therapy three times a week for four weeks for the right hip. The UR physician noted that there was not documentation of objective improvement from physical therapy, and no documentation as to why the injured worker was not able to continue with rehabilitation on a home exercise program. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip section, Physical; therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right hip three times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar sprain; lumbar radiculopathy; and right hip tendinitis. A review of the medical record's functional capacity evaluation indicates the injured worker received prior physical therapy. There is no documentation regarding a home exercise program in the record. The total number of physical therapy visits to date is not documented in medical record, however, if the injured worker completed a course of physical therapy the injured worker should be well-versed in the exercises performed during physical therapy to then perform at home. Additionally, there are no progress notes from prior physical therapy and there is no evidence of objective functional improvement with prior physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to indicate additional physical therapy is necessary. Consequently, absent clinical documentation of objective functional improvement regarding prior physical therapy to date, physical therapy to the right hip three times per week times four weeks is not medically necessary.