

Case Number:	CM15-0038642		
Date Assigned:	03/09/2015	Date of Injury:	10/09/2014
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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

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 42-year-old male who sustained an industrial injury on 10/09/2014. According to the progress notes dated 2/2/15, the injured worker (IW) reports locking and catching of the left hip with severe pain rated 8/10. X-rays show an inferior pelvic fracture of the pubic ramus. A labral tear of the left hip is suspected. The IW was diagnosed with pelvic pain and pelvic fracture. Previous treatments included medications and physical therapy. The Utilization Review (UR) on 02/20/2015 modified the requested services/treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right pelvis, three times weekly for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with right pelvis pain. The current request is for Physical Therapy for the right pelvis, three times weekly for four weeks. The treating physician states, "Patient states that he has severe pain to the right pelvis since the last office visit. On a scale of 1 to 10, with 10 being the most severe pain imaginable, the pain is characteristically rated as an 8. I am requesting authorization of a physical therapy program of 3 times a week for 4 weeks to regain strengthening and improve function to the right pelvis." (C.53) The MTUS guidelines recommend physical therapy 8-10 sessions of myalgia and neuritis type conditions. In this case, the total number of sessions requested exceeds the maximum allowed by the MTUS guidelines and there is no documentation that the patient has recently had surgery. The current request is not medically necessary and the recommendation is for denial.

MRI of the right pelvis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis Chapter, MRI.

Decision rationale: The patient presents with right pelvis pain. The current request is for MRI of the right pelvis. The treating physician states, "Patient states that he has severe pain to the right pelvis since the last office visit. On a scale of 1 to 10, with 10 being the most severe pain imaginable, the pain is characteristically rated as an 8. I am requesting authorization to obtain an MRI examination of the pelvis to determine whether or not there is a labral tear." (C.53) The ODG guidelines recommend the use of MRI except if there is a labral tear or suspected osteoid osteoma. The guidelines suggest that for Labral tears "use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets." In this case, the guidelines do not support the current request based off the information provided in the progress report. The current request is not medically necessary and the recommendation is for denial.