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| Case Number: | CM15-0039678 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 04/01/2014 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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: 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 51 year old male, who sustained an industrial injury on April 1, 2014. The injured worker reported hip pain. The injured worker was diagnosed as having hip sprain, joint pain pelvis and hip contusion. Treatment to date has included physical therapy and oral medication. Progress note dated December 15, 2014 the injured worker complains of right hip pain. He reports it is much improved and he has slight numbness and pain in the right thigh. Physical therapy has been very helpful in the past and he has recently moved and would like to restart it. Plan is for exercise and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, as needed, 4 weeks, Right Hip: Upheld

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

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

Decision rationale: The patient was injured on 04/01/14 and presents with right hip pain. The request is for Physical Therapy Prn X 4 Weeks for the Right Hip. The RFA is dated 01/27/15 and the patient's work status is not known. The patient has had at least 13 sessions of therapy from 08/21/14 - 10/09/14 with no documentation of improvement in the patient's pain and function. MTUS chronic pain medical treatment guidelines page 98 and 99 has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended. In this case, the treater does specify how many sessions are being requested. The patient has already received 13 sessions of therapy which exceeds what is allowed by MTUS guidelines. Furthermore, there is no documentation of improvement with prior therapy. The requested physical therapy IS NOT medically necessary.