

Case Number:	CM15-0044320		
Date Assigned:	03/16/2015	Date of Injury:	05/24/2011
Decision Date:	04/16/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/09/2015

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 51 year old female, who sustained an industrial injury on 05/26/2011. On provider visit dated 02/06/2015 the injured worker has reported left sided low back pain, left groin, left hip, and left dorsum of the foot. She was noted to use a cane to assist with ambulation. The diagnoses have included hip pain. Treatment to date has included orthopedic consultation, physical therapy and left hip MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 4 sessions-left hip: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Hip and Pelvis chapter Page(s): 99.

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 is nearly 4 years status post work-related injury and continues to be treated for hip pain with a diagnosis of osteoarthritis. Surgery is not being considered.

When seen by the requesting provider there had been benefit from a trial of 4 sessions of physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a reassessment prior to continuing therapy. In this case, the claimant has benefited after 4 treatment sessions. The number of visits requested is consistent with guidelines recommendations and therefore medically necessary.