

<b>Case Number:</b>	CM15-0047747		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: New Jersey, New York  
Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This female sustained an industrial injury to the left hip and right shoulder on 1/28/14. The injured worker was diagnosed with a left hip hamstring tear and a grade IV acromial joint separation. Previous treatment included left hamstring repair, right acromial joint reconstruction, physical therapy and medications. In a physical therapy initial evaluation dated 1/16/15, the injured worker reported being unable to sleep through the night or sit for an hour in a chair without significant increase in pain. The physical therapist noted that the injured worker had received 12 physical therapy visits following surgery. In a physical therapy progress note dated 2/25/14, the therapist noted that the injured worker was very weak on the left side, especially the hip stabilizers. The physical therapist noted that the injured worker was very motivated and compliant. Physical therapy goals included increasing strength to increase functional mobility. The physical therapist recommended additional 10-12 visits of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xwk X 4wks Left Hip:** Upheld

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

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

**Decision rationale:** The request is considered not medically necessary. There are no post-operative guidelines for physical therapy after a hamstring repair so general physical medicine guidelines were used. The patient has received a full course of physical therapy and at this point with 12 sessions, and should be well educated in a home exercise program. The maximum number of sessions recommended is 10 for myalgias and neuralgias. The current request would exceed the limit. There does not seem to be objective improvement after the 12 sessions. Therefore, further therapy is not warranted and not medically necessary.