

Case Number:	CM15-0049879		
Date Assigned:	03/23/2015	Date of Injury:	12/23/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of December 23, 2013. In a Utilization Review Report dated February 27, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the hip. Non-MTUS ODG Guidelines were invoked in the determination. The claims administrator contended that the applicant had received an approval for 12 sessions of physical therapy on July 10, 2014. A February 19, 2014 progress note was also referenced in the determination. The applicant's attorney subsequently appealed. On February 19, 2015, the applicant reported ongoing complaints of hip pain status post an industrial motor vehicle accident. The applicant did, however, retain a normal gait. Additional physical therapy was proposed. The applicant was offered a knee cortisone injection, which was apparently administered in the clinic setting. The applicant was asked to pursue additional physical therapy. The applicant's work status was not stated on this occasion. On October 23, 2014, the applicant was working regular duty. Additional physical therapy was apparently endorsed at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right hip x 12: Upheld

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

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

Decision rationale: The 12-session course of treatment proposed represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, all evidence on file points to the applicant's having returned to regular duty work, exhibiting a normal gait, and having minimal residual physical impairment present. It appeared, thus, that the applicant was capable of transitioning to self-directed home physical medicine without the lengthy formal course of physical therapy at issue, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.