

Case Number:	CM15-0050124		
Date Assigned:	03/23/2015	Date of Injury:	02/14/2013
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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 30 year old female, who sustained an industrial injury on 02/14/2013. Initial complaints reported included left hip pain. The injured worker was diagnosed as having pulled muscle. Treatment to date has included conservative care, medications, physical therapy, hip surgery, injections, MR arthrogram, x-rays and MRI of the left hip, and x-rays of the right ankle. Currently, the injured worker complains of worsening ankle and left hip pain. The injured worker noted that her hip pain was feeling like the pain she experienced prior to left hip surgery and was concerned for new hip injury. Current diagnoses include status post left hip arthroscopy and labral tear repair with initial improvement but now experiences new symptoms, and compensatory right ankle injury after fall on left hip. The treatment plan consisted of right ankle surgery (still pending IMR decision), 12 sessions of physical therapy for the cervical and lumbar spines and the right knee, electro diagnostic testing of the bilateral upper and lower extremities, urine drug testing, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip & Pelvis.

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

Decision rationale: The patient presents with ankle and left hip pain. The patient is status post left hip arthroscopy from January 2014. The physician is requesting Physical Therapy 2 X 6 Weeks. The RFA was not made available for review. The patient's date of injury is from 02/14/2013, and she is currently temporarily totally disabled. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient is not post-surgical. The records do not show any physical therapy reports. The 02/02/2015 progress report showed that the patient complains of sharp shooting pain in the hip area. The patient last utilized physical therapy in April of 2014. The examination shows instability of the ankle, tenderness over the anterior talofibular ligament. She is limping. The patient has anterior groin pain of the left with a catching sensation as she goes through range of motion. She has difficulty arising from a chair and getting on the exam table. In this case, given the patient's significant clinical findings, a short course of physical therapy is appropriate; however, the requested quantity exceeds MTUS recommended 8 to 10 visits. The request is not medically necessary.