

Case Number:	CM15-0050909		
Date Assigned:	03/24/2015	Date of Injury:	01/09/2012
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 62 year old female, who sustained an industrial injury on January 9, 2012. She has reported left shoulder pain and left hip pain. Diagnoses have included hip arthralgia, enthesopathy of the hip, muscle weakness, hip bursitis, sprain/strain of the hip or thigh, and osteoarthritis. Treatment to date has included medications, physical therapy, shoulder surgery, hip surgery, use of a cane and home exercise program. A progress note dated February 23, 2105 indicates a chief complaint of decreased left hip pain and weakness. The treating physician documented a plan of care that included additional physical therapy, continuation of home exercise, and follow up in four weeks. The medications listed are Tylenol with Codeine, Flurbiprofen cream, and Naproxen. A Utilization Review determination was rendered recommending non certification for additional Physical Therapy X 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hip, Pelvis, and thigh (femur), Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Pelvis and Hips.

Decision rationale: The CA MTUS and ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain. The use of PT can result in pain relief, increase in range of motion and reduction in medications utilization. The guidelines recommend that patient's progress to a home based exercise program (HEP) after successful completion of a supervised PT program. The records indicate that the patient completed supervised PT with significant beneficial effects. The patient then progressed to a HEP and continued with medications management. The criterion for Physical Therapy X 12 was not met.