

Case Number:	CM15-0059058		
Date Assigned:	04/03/2015	Date of Injury:	12/26/2014
Decision Date:	05/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/27/2015

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 an 80-year-old male, who sustained an industrial injury on 12/26/2014. The current diagnosis is groin pain. According to the progress report dated 3/11/2015, the injured worker complains of groin pain. The current medications are Motrin. Treatment to date has included medication management, ice, rest, X-ray, MRI of the lumbar/sacral spine, CT of the abdomen/pelvis, and physical therapy. The plan of care includes 24 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine Guidelines.

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

Decision rationale: Per the 03/05/15 report by the requesting physician the patient presents with pain in both groin areas with a recent fall due to lower extremity pain and weakness. The patient

also complains of lower back pain and discomfort. The patient's diagnosis is Groin pain. The current request is for Physical Therapy 2 X 12 Weeks. The RFA is not included; however, the 03/19/15 utilization review states this is a prospective request. The patient is to remain off work until 03/26/15. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-surgical treatment period. The reports provided for review from 01/07/15 to 03/11/15 do not discuss this request. The 01/07/15 report notes PT 2x3 with a listed diagnosis of Groin Pain. It is unknown if the patient received these visits. No physical therapy treatment reports are provided for review. While the patient's main complaint is groin pain, the reports also show lower back complaints. The current request does not specify the body part for treatment, and no objective goals are provided for physical therapy. Furthermore, the requested 24 sessions exceed what is allowed by the MTUS guidelines. The request is not medically necessary.