

Case Number:	CM15-0059353		
Date Assigned:	04/03/2015	Date of Injury:	08/14/2013
Decision Date:	05/11/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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:

The injured worker is a 58 year old male, who sustained an industrial injury on August 14, 2013. He reported right hip pain associated with repetitive bending, twisting and lifting property. The injured worker was diagnosed as having right hip strain with labral tear. Treatment to date has included diagnostic studies, physical therapy and medications. On January 5, 2015 examination by a qualified medical evaluator, the injured worker complained of right hip pain described as an intermittent dull ache that increases with prolonged standing and sitting. He stated that the pain is localized to the hip region. Physical examination revealed a positive impingement test of the right hip. The treatment plan included a referral to a hip specialist with arthroscopic skills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x8 visits Right Hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Integrated Treatment/Disability Duration Guidelines.

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

Decision rationale: According to the MTUS guidelines, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. According to the MTUS guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for myalgia, myositis, neuralgia, neuritis, and radiculitis. In this case, the medical records indicate that the injured worker has participated in prior physical therapy sessions. The guidelines state that injured workers are to be instructed and expected to continue a home exercise program. The medical records do not establish that the injured worker is unable to safely and effectively perform an independent home exercise program. In the absence of red flags or re-injury, the request for additional physical therapy treatments is not supported. The request for Physical Therapy x8 visits Right Hip is not medically necessary and appropriate.