

Case Number:	CM15-0082085		
Date Assigned:	05/04/2015	Date of Injury:	07/06/2010
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 42-year-old female, who sustained an industrial injury on 7/06/2010. Diagnoses include low back and hip pain. Treatment to date has included surgical intervention of the hip, diagnostics and physical therapy. Per the Primary Treating Physician's Progress Report dated 4/14/2015, the injured worker reported low back and right sided pain that seemed to have started because of her right hip surgery. The right hip is very sore and stiff. Physical examination of the right hip revealed pain and tenderness to the greater trochanter and lateral trochanter region. She has an antalgic gait. Range of motion was limited due to pain. She had soreness in the paraspinal muscles in the right low back and sacroiliac region on the right. The plan of care included additional physical therapy and authorization was requested for physical therapy (2x6) for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for low back pain. She underwent a right hip abductor tendon repair on 08/11/14. She had postoperative physical therapy including pool therapy. When seen, she was participating in physical therapy and was receiving deep tissue release treatments, which would help while being treated. She had found pool therapy more beneficial than conventional land based therapy. She was benefiting from use of electrical stimulation. Physical examination findings included greater trochanteric tenderness and decreased and painful range of motion. She had an antalgic gait and difficulty transitioning positions. There was hip abductor weakness. The claimant's BMI is over 35. The claimant has already had post-operative physical therapy and the physical medicine treatment period has been exceeded. The claimant is therefore being treated under the chronic pain guidelines. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits being requested is in excess of that recommended. Since she is benefitting from pool therapy, transition to an independent pool program would be expected and would not require the number of requested treatments. Therefore, the request is not medically necessary.