

<b>Case Number:</b>	CM15-0083723		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 35 year old female, who sustained an industrial injury on July 26, 2010. She reported sacral/tail bone, left hip, groin, pubis, mid back, and neck pain. The injured worker was diagnosed as having hip pain/pain in joint, pelvic region and thigh; pain in coccyx/other disorders of coccyx; and chronic pain syndrome. Treatment to date has included acupuncture, massage therapy, chiropractic therapy, a transcutaneous electrical nerve stimulation (TENS) unit, medication, and a cane. The records refer to a prior short course of physical therapy, but do not provide specific dates or results. On April 6, 2015, the injured worker complains of lower back, tail bone area, left upper leg, upper back, and neck pain. She reports continued left leg pain, feeling unstable when walking, and occasional giving out of the left leg. Prior treatment with acupuncture and chiropractic was helpful. She currently works 12 hours a week, which is a challenge for her. She uses a wheelchair as needed. She has difficulty with sitting, standing, walking, and going up/down stairs. The treating physician notes the results of prior MRIs: an MRIs of the lumbar spine and the thoracic spine performed in 2010, which were unremarkable, and MRIs of the hips and pelvis performed in 2011, which revealed edema around the symphysis pubis and the subcutaneous fat layer of the of the upper aspect of the right pelvis, and no evidence of muscular strain injuries or muscle tears. The physical exam revealed a guarded and somewhat unsteady gait, ability to walk without her cane, moderate flexion limitations, and significant limitations to tolerate extension passive neutral position. The treatment plan includes physical therapy with a physical therapist that specializes in female pelvic floor problems.

## 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 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2 times a week for 4 weeks is not medically necessary and appropriate.