

<b>Case Number:</b>	CM15-0083858		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	12/15/2011
<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: Emergency Medicine

### 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 male, who sustained an industrial injury on 12/15/2011. He reported low back and left hip pain. The injured worker was diagnosed as having left hip pain, lumbago, left hip labral tear, left hip tenosynovitis, left hip sciatica, and left hip articular cartilage. Treatment to date has included medications, and physical therapy. The request is for additional physical therapy for the lumbar spine and left hip. On 4/13/2015, he indicated he was doing well after left hip surgery. He reported minimal groin pain, and continued trochanteric bursitis. He reported not having any improvement with a previous epidural steroid injection on 2/20/2015. He also reported having lateral sided hip pain that is worsened with prolonged sitting & standing. A straight leg raise test is negative. The treatment plan included: epidural steroid injection, continue hip exercises and home stretching and strengthening. The records are not clear regarding the number of completed and results of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy sessions for the lumbar spine and left hip: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Complaints, Physical Therapy.

**Decision rationale:** The requested 12 Physical Therapy sessions for the lumbar spine and left hip, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has lateral sided hip pain that is worsened with prolonged sitting & standing. A straight leg raise test is negative. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, 12 Physical Therapy sessions for the lumbar spine and left hip is not medically necessary.