

Case Number:	CM15-0089878		
Date Assigned:	05/14/2015	Date of Injury:	01/24/2014
Decision Date:	06/23/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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, Hawaii
 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 53-year-old female, with a reported date of injury of 01/24/2014. The diagnoses include right hip arthritis with contracture, right hip pain, lumbosacral radiculopathy, lumbosacral plexopathy, sciatica, lumbar disc disease, foot drop, right hip joint replacement, and trochanteric bursitis. Treatments to date have included right total hip arthroplasty on 11/19/2014, oral medications, physical therapy, electrodiagnostic study on 04/07/2015, and physical therapy. The progress report dated 04/10/2015 indicates that the injured worker stated that her hip joint was improving, but her back was the same. She had been going to physical therapy two times a week, with slow results. The physical examination showed localized pain over the lumbar region, no spasm of the lumbar spine, tenderness of the lumbar spinous, tenderness of the right sciatic, decreased lumbar range of motion, positive straight leg raise test, positive right foot drop, tenderness over the greater trochanter, and an antalgic gait. The physical therapy report dated 04/02/2015 indicates that the injured worker stated that her hip joint was not painful. Her pain was in her low back with radiation to the posterior upper thigh. It was noted that the injured worker was very sensitive over the right greater trochanter and iontophoresis continued to be used for swelling around the hip joint. The plan indicated to continue physical therapy per the primary plan of care. The treating physician requested physical therapy for the back and right hip. The request was for more physical therapy.

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 1 Month for The Back and Right Hip: Upheld

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

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

Decision rationale: The patient presents with pain affecting the low back with radiation to the posterior upper thigh. The current request is for Physical Therapy 2 Times a Week for 1 Month for the Back and Right Hip. The treating physician report dated 4/10/15 (190C) states, "States her hip joint is improving, but her back is about the same. States she's been going to PT 2 times/wk. Has been going to PT with slow results." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided, show the patient is status post right total hip replacement (11/19/14) and has received prior physical therapy. In this case, the patient is beyond the postsurgical physical medicine treatment period of 4 months. Furthermore, the patient has received at least 32 visits of physical therapy to date and the current request of 8 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Additionally, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial. Therefore the request is not medically necessary.