

Case Number:	CM13-0006739		
Date Assigned:	12/11/2013	Date of Injury:	02/24/2012
Decision Date:	03/10/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45-year-old female who reported an injury on 02/24/2012. The mechanism of injury was stated to be a slip and fall. The patient was noted to have positive tenderness over the greater trochanteric bursa and right hip extensor insertion. The patient was noted to have a positive Patrick's test. The patient's diagnosis was noted to include a right hamstring strain, right hip greater trochanteric bursitis, and right hip extensor bursitis due to altered gait. The request was made for physical therapy 3 times 6 weeks for hamstring stretching exercise with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for six weeks for right hamstring: 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 California MTUS Guidelines indicate physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits for neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review failed to

provide the patient had objective findings of hamstring weakness on examination. The patient had 5/5 motor testing in all muscle groups of the lower extremities. There was lack of documentation indicating functional deficits to support the necessity for physical therapy. There was lack of documentation indicating the necessity for 18 sessions of physical therapy. Given the above, the request for 18 sessions of physical therapy for the right hamstring is not medically necessary.