

Case Number:	CM14-0118925		
Date Assigned:	08/06/2014	Date of Injury:	08/20/2003
Decision Date:	10/20/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert 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 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/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 67 year old female who was injured on 08/20/2003. The mechanism of injury is unknown. Prior treatment history has included 8 sessions of physical therapy. Diagnostic studies reviewed include x-rays of hips dated 06/24/2014 demonstrated mild right hip osteoarthritis and left prosthesis in anatomical alignment. Physical therapy report dated 05/28/2014 indicated the patient was not compliant with her home exercise program therefore her condition was unchanged, but she desired to re-establish a consistent HEP (home exercise program)/gym program. Physical therapy report dated 07/01/2014 states the patient had 10% reduction in her chronic back and buttock pain. She has had longstanding left anterior thigh numbness. On exam, bilateral internal rotation is 35 degrees; external rotation is 50 degrees and pain free; bilateral patellar and Achilles reflexes were 2 with toes downgoing. She has full strength in the bilateral quadriceps, tibialis anterior, toe flexors, and toe extensors. She is diagnosed with Grade 2 L4-L5 spondylolisthesis with chronic right L4 radicular pain; status post left total hip replacement in 2011 and right mild hip osteoarthritis. She has been recommended 8 additional sessions of physical therapy. Prior utilization review dated 07/18/2014 states the request for PT (Physical therapy) left hip x 8 is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT (Physical therapy) left hip x 8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute and Chronic), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip, physical therapy

Decision rationale: The MTUS and ODG recommend that active physical therapy interventions are medically indicated and appropriate for the management and rehabilitation of injury. Progressive improvement towards a therapeutic goal and transition to a home based self-management program is considered medically appropriate. The records in this case indicate that this patient made progress in therapy during the treatment period from May 6, 2014 to June 24, 2014. The physician's medical evaluation of July 1, 2014 indicates agreement regarding the patient's progress and the medical need for an additional 8 sessions of physical therapy with a therapeutic goal of improving the patient's core stability and function. Based on the guidelines and criteria described above as well as the clinical documentation provided for review, the request is considered to be medically necessary.