

Case Number:	CM14-0123495		
Date Assigned:	08/08/2014	Date of Injury:	10/06/2004
Decision Date:	11/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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 injured worker is a 53-year-old female who sustained an injury on October 6, 2004. She is diagnosed with (a) hip impingement, (b) abnormality of gait, (c) hip and thigh strain, and (d) lumbosacral neuritis or radiculitis. She was seen for an evaluation on June 24, 2014. She presented with left hip pain complaint. The pain was described as dull, stabbing, shooting, and radiating. It was rated 3/10. The examination revealed edema on the right lower extremity. There was severe swelling of the right ankle. Tenderness was present over the petrochanteric regions and iliotibial bands bilaterally. Trigger point were palpated at the gluteus medius, quadratus lumborum, lumbar region, and lumbosacral region bilaterally. The sacroiliac joint compression test was positive. Paresthesias to light touch were noted in the lateral and medial legs bilaterally. The gait was antalgic on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy-left hip, twice weekly for five weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Work conditioning, work hardening

Decision rationale: The request for 10 visits of work hardening/conditioning is not medically necessary at this time. The Official Disability Guidelines requirement for a functional capacity evaluation was not performed. Thus, the criteria for admission to work hardening program have not been met. There was no functional capacity evaluation indicated in the reviewed medical records. This is necessary prior to initiating work hardening.