

Case Number:	CM14-0123609		
Date Assigned:	09/16/2014	Date of Injury:	12/22/2013
Decision Date:	11/13/2014	UR Denial Date:	07/28/2014
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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 48-year-old with a date of injury of 12/22/2013. A progress report associated with the request for services, dated 04/10/2014, identified subjective complaints of left hip pain. Objective findings included tenderness to palpation of the left hip with mild decreased range of motion. Diagnoses (paraphrased) included avulsion fracture of the left hip greater trochanter and left hip trochanteric bursitis. Treatment had included a non-steroidal anti-inflammatory drug (NSAID) and Norco as well as an unspecified number of physical therapy sessions. A Utilization Review determination was rendered on 07/28/2014 recommending non-certification of "Physical Therapy 2x4 left hip".

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & Pelvis, Physical Medicine

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for hip sprains/strains, 9 visits over 8 weeks are recommended. The patient has received an unspecified number of previous physical therapy sessions. An additional 8 sessions are requested, which may exceed the recommended visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement and therefore the Physical Therapy 2x4 left hip is not medically necessary.