

Case Number:	CM14-0127244		
Date Assigned:	08/15/2014	Date of Injury:	03/20/2014
Decision Date:	09/29/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/12/2014

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 Emergency Medicine, and is licensed to practice in Texas. 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 male who reported an injury on 03/20/2014. The mechanism of injury was reportedly a slip and fall. The diagnoses included lumbar radiculopathy, right hip muscle strain, head contusion, and low back contusion. Previous surgeries were not noted. The physical therapy note from 04/30/2014 showed his active range of motion trunk flex at 41cm, on 07/01/2014 his trunk flexion was at 46cm, and on 07/14/2014 his active range of motion trunk flexion was 52cm with no reported low back pains and just pressure in the low back. The physical therapy note from 07/01/2014 reported the injured worker was progressing well and had decreasing pain intensity overall. He was reportedly compliant with the home program. He had reportedly completed 20 visits of physical therapy. On 08/20/2014 the injured worker reported to his primary treating physician that he had slow improvement with medication and rest. He had right hip pain radiating to the right thigh, right leg, wrapped around his right foot/big toe. He also complained of numbness and tingling to the right big toe every once in a while. He was using transcutaneous electrical nerve stimulation for 15-30 minutes twice daily. He also used a heat pack and topical analgesics. His medications included Flexeril at bedtime and Tylenol. Physical findings included "normal full range of motion", "normal strength", and "normal reflexes". The treatment plan was for physical therapy 6 sessions for the right hip. The rationale for request was the injured worker has shown functional gains form therapy, specifically range of motion. The request for authorization was submitted 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6 sessions for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Based on the information submitted for review, the request for physical therapy 6 sessions to the right hip are not medically necessary. As stated in the Chronic Pain Medical Treatment Guidelines, physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The guidelines call for up to 10 visits. Physical therapy can be beneficial for restoring flexibility, strength, endurance, function, and range of motion. The injured worker reportedly slipped and fell. It was noted she completed 20 visits of physical therapy. The physical therapy note from 04/30/2014 noted her active range of motion trunk flex at 41cm, which improved to 52cm as noted on 07/14/2014. On 07/01/2014 it was noted he was progressing well and had decreased pain intensity overall. The documentation shows that previous physical therapy visits had helped improve his function. However, as his range of motion was noted to be normal in recent physician notes, additional visits are not supported. Additionally, as he has surpassed the number of visits recommended by the guidelines, additional sessions are not warranted. As such, the request for physical therapy 6 sessions for the right hip is not medically necessary.