

Case Number:	CM14-0132623		
Date Assigned:	08/22/2014	Date of Injury:	05/22/2009
Decision Date:	09/22/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/19/2014

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 & 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:

This 45 year-old registered nurse sustained a back injury on 5/22/09 from lifting while employed by [REDACTED]. Request(s) under consideration include Physical therapy for the left hip once per week for 6 weeks, as an outpatient for the submitted diagnosis of hip strain. P&S report of 3/17/14 from internal medicine provider noted patient has reached MMI for symptoms of constipation and palpitations. Pain management report of 4/24/14 from the provider noted ongoing chronic back symptoms. Exam showed trigger points in bilateral mid and low back paraspinous musculature and buttocks with limited range of flex/ext 60/30 degrees; DTRs 1+ ankle; motor and sensation grossly intact with equivocal SLR. Diagnoses included post-laminectomy syndrome with secondary chronic lumbar strain and secondary depression. Treatment include medications of opioids, muscle relaxants, anti-inflammatories. Report of 7/30/14 noted right anterior hip with intact with decreased sensation of right calf and ankle. Peer reviewer discussed with provider that last physical exam performed by his office was in April 2014. The request(s) for Physical therapy for the left hip once per week for 6 weeks, as an outpatient for the submitted diagnosis of hip strain was non-certified on 8/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left hip once per week for 6 weeks, as an outpatient for the submitted diagnosis of hip strain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (www.odg-twc.com; Section: Hip & Pelvis) and ACOEM- [https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

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

Decision rationale: This 45 year-old registered nurse sustained a back injury on 5/22/09 from lifting while employed by [REDACTED]. Request(s) under consideration include Physical therapy for the left hip once per week for 6 weeks, as an outpatient for the submitted diagnosis of hip strain. P&S report of 3/17/14 from internal medicine provider noted patient has reached MMI for symptoms of constipation and palpitations. Pain management report of 4/24/14 from the provider noted ongoing chronic back symptoms. Exam showed trigger points in bilateral mid and low back paraspinal musculature and buttocks with limited range of flex/ext 60/30 degrees; DTRs 1+ ankle; motor and sensation grossly intact with equivocal SLR. Diagnoses included post-laminectomy syndrome with secondary chronic lumbar strain and secondary depression. Treatment include medications of opioids, muscle relaxants, anti-inflammatories. Report of 7/30/14 noted right anterior hip with intact with decreased sensation of right calf and ankle. Peer reviewer discussed with provider that last physical exam performed by his office was in April 2014. The request(s) for Physical therapy for the left hip once per week for 6 weeks, as an outpatient for the submitted diagnosis of hip strain was non-certified on 8/19/14. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy for the left hip once per week for 6 weeks, as an outpatient for the submitted diagnosis of hip strain is not medically necessary and appropriate.