MAXIMUS Federal Services

Case Number:	CM14-0214532		
Date Assigned:	01/07/2015	Date of Injury:	01/30/2004
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year-old female with an original date of injury on 1/30/2004. The mechanism of injury is tripping and falling onto concrete floor and injuring her left knee and hip. The industrially related diagnoses are chronic pain syndrome, pain in joint of pelvic region, pain in the lower leg, lumbar stenosis, lumbar radiculopathy, carpal tunnel syndrome, trochanteric bursitis, and history of hip joint replacement. An MRI and electromyogram were consistent with L5 and S1 radiculopathy. The patient has been treated with oral medications including Norco, Naproxen, Lyrica, and Colcace, Effexor, trazodone, Seroquel, protonix, Terocin, and Lidopro. The patient also has had treatment with aquatic therapy, transcranial magnetic stimulation, physical therapy, left knee surgery x2, and left hip surgery with replacement. The patient has had lumbar region epidural steroid injection on 10/17/2014. The patient has had 12 sessions of postop physical therapy as of 11/7/2013. The disputed issue is the request for 12 sessions of physical therapy to left hip. A utilization review dated 12/15/2014 has non-certified this request. The stated rationale for denial was the patient has already had 4 sessions of physical therapy since the hip replacement. Even though the Official Disability Guidelines recommends 18 visits following surgical treatment to the hip, it is unclear how many visits were initially certified for the hip. In addition, without a clear history of outcome from previous care available, the request is not supported. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy x 12 left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-hip and pelvis procedure Title 8. Effective July 18, 2009, Department of Industrial Relations Chapter 4.5

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009).127 Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of 12 sessions of postop physical therapy completed by 11/17/2013, however, there was no documentation of any functional improvement from prior physical therapy sessions. Furthermore, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. In the absence of such documentation, the current request for physical therapy is not medically necessary.