

Case Number:	CM14-0216863		
Date Assigned:	01/06/2015	Date of Injury:	06/19/2014
Decision Date:	03/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/26/2014

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: Massachusetts

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 38-year-old female, with a reported date of injury of 06/19/2014. The diagnoses include right hip femoral acetabular impingement syndrome and right hip pain. Treatments have included physical therapy, an MRI of the right hip on 08/15/2014, and oral medications. The progress report dated 12/03/2014 indicates that the injured worker continued to have right hip pain, mainly over the front of the hip as well as over the buttock area. She rated the pain 6 out of 10. The objective findings of the bilateral hips include a normal gait pattern, no muscle atrophy, no tender points, no palpable crepitus or clicking, decreased range of motion of the right hip, negative straight leg raise test, and normal motor strength in the right lower extremity. It was noted that the previous physical therapy improved the injured worker's ability to walk, to do housework, and to drive. The treating physician requested additional physical therapy for the right hip to continue to improve her hip symptoms. On 12/12/2014, Utilization Review (UR) denied the request for additional physical therapy two times a week for six weeks for the right hip. The UR physician noted that there was a lack of evidence of any meaningful improvement from the previous physical therapy sessions. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week for 6 weeks to the right hip quantity 12.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for chronic hip pain. Prior treatment has included physical therapy with benefit. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program.