

Case Number:	CM15-0010451		
Date Assigned:	01/28/2015	Date of Injury:	09/07/2014
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/19/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 9/07/2014. The diagnoses have included sprains/strains of the hip and thigh, calcifying tendinitis of shoulder and contusion of unspecified site. Treatment to date has not been provided. Currently, the IW complains of left hip pain. Objective findings included tenderness and reduced range of motion. On 1/05/2014, Utilization Review non-certified a request for physical therapy (2x4) for the left hip noting that the clinical findings do not support the medical necessity of the treatment. The ODG was cited. On 1/05/2015, the injured worker submitted an application for IMR for review of physical therapy (2x4) for the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 4 Weeks to The Left Hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with sprains/strains of the hip and thigh, calcifying tendinitis of shoulder, and contusion of unspecified site. The current request is for Physical Therapy 2 times a week for 4 weeks to the left hip. The treating physician states, "She has not had any therapy yet" in a report dated 12/08/14 (7E). The MTUS guidelines state: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) 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 MTUS guidelines recommend physical therapy 8-10 sessions for myalgia and neuritis type conditions. In this case, the treating physician has documented that no physical therapy has occurred since the initial injury on 09/07/14. The request is within the MTUS guidelines stated above. The current request is medically necessary and the recommendation is for authorization.