

Case Number:	CM15-0013623		
Date Assigned:	02/02/2015	Date of Injury:	10/01/1996
Decision Date:	03/19/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/23/2015

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

Certification(s)/Specialty: Emergency Medicine

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 54- year old male, who sustained an industrial injury on October 1, 1996. The diagnoses have included pain in the joint involving pelvic region and thigh, effusion of joint of the pelvic region and thigh, mild diffuse chondrosis, and nonallopathic lesions of sacral region. Treatment to date has included pain medication, sleep medication, physical therapy with home exercise program, rest, ice/heat therapy, activity restriction and routine follow-up. Currently, the IW complains of persistent left hip pain, which is worse over the past three months. Pain was reported to be aggravated with walking and driving. There was decreased range of motion of the left hip particularly with external rotation as well as tenderness to palpation at the L4-L5. A magnetic resonance imaging of the hip revealed mild diffuse chondrosis of the left hip with a focus of near full-thickness chondrosis at the 12 o'clock position. There was also minimal superior labral present with no displaced labral tear. On January 20, 2015, the Utilization Review decision modified a request of eighteen physical therapy sessions to approve five physical therapy visits, noting the ODG recommend the fading in frequency of physical therapy visits nine visits over eight weeks and since this is a long-term injury the documentation should reflect past treatment and response to that treatment. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of eighteen physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen physical therapy sessions: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has already completed an unknown number of prior physical therapy sessions that the provider reports as providing good results. It appears last PT was over 3years prior. Pt has an exacerbation of chronic painful condition. While additional PT may be warranted, the number of requested session exceeds guideline recommendations. 18 Physical Therapy sessions is not medically necessary.