

Case Number:	CM15-0117236		
Date Assigned:	06/25/2015	Date of Injury:	05/15/1995
Decision Date:	07/24/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/17/2015

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: 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 41 year old female, who sustained an industrial/work injury on 5/15/95. She reported initial complaints of hip pain. The injured worker was diagnosed as having right hip femoroacetabular impingement and anterior labral tear and right hip illosoas tending snapping. Treatment to date has included medication, diagnostics, and orthopedic evaluation. MRI results were reported to demonstrate tear of the anterior superior labrum, increased alpha angle, decreased head and neck offset, consistent with femoroacetabular impingement. Currently, the injured worker complains of right hip/groin pain. Per the primary physician's progress report (PR-2) on 4/13/15, examination reveals symptoms and exam are unchanged. Prior exam noted range of motion in the right hip of forward flexion to 120 degrees, external rotation to 60 degrees, internal rotation to 20 degrees, positive impingement sign on the right, no pain with logroll or axial load, negative faber test, no snapping appreciated with range of motion of the hip. Current plan of care included possible hip arthroscopy. The requested treatments include physical therapy sessions: right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions: right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Hip & Pelvis (Acute & Chronic): Physical Medicine treatment (2014).

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

Decision rationale: The claimant has a remote history of a work injury occurring in May 1995 and continues to be treated for right hip pain. When seen, arthroscopic surgery was requested. She had positive impingement testing. Case notes reference prior physical therapy of up to 24 treatment sessions recommendations included continued physical therapy for strengthening while awaiting a decision regarding approval for the requested surgery. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include TheraBands for strengthening. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.