

Case Number:	CM15-0125276		
Date Assigned:	07/09/2015	Date of Injury:	06/04/2003
Decision Date:	08/06/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 60 year old female, who sustained an industrial injury on 6/4/03. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, x-ray, MRI, surgery, arthrogram and steroid injection. Currently, the injured worker complains of low back and left hip pain that worsens throughout the day. The low back pain is rated at 7/10 and can increase to 9/10 with activity. She reports difficulty standing greater than 15-20 minutes, walking more that 20-30 min and sitting for greater than 45 minutes. The pain radiates to her left thigh and down to her ankle accompanied by numbness and tingling. She reports muscle spasms and the need to change positions frequently. Her left hip is rated 5-6/10 and increases to 9/10 throughout the day. She reports her left hip pops and gives out on her one to two times a week and she has nearly fallen. The pain is reduced to 4-5/10 with medication. She experiences difficulties engaging in activities of daily living due to the pain. The injured worker is diagnosed with a left hip labral tear, degenerative changes and lumbar sprain/strain, mild degenerative disc disease. Her work status is temporarily totally disabled. A note dated 4/8/15 states there is tenderness on palpation and an increase in pain with range of motion to the left hip. A 5/6/15 note documents continued increased pain. A note dated 6/3/15 states there is pain with forward bend and difficulty rising back up. The injured worker ambulates with an altered gait. A request for physical therapy 12 sessions to the left hip (2 times /week for 6 weeks) is sought to augment the left hip intrarticular injection.

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 6 weeks, left hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Hip & Pelvis (Acute & Chronic) physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Physical Therapy.

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. ODG has more specific criteria for the ongoing use of physical therapy for the hip. The ODG Hip & Pelvis Chapter states the following recommend time course post injection: "Osteoarthritis and allied disorders (ICD9 715): Post-injection treatment: 1-2 visits over 1 week." This worker has had documentation of recent intra-articular injection, and the request for 12 sessions of PT is in excess of guidelines. Therefore, the original request is not medically necessary. Unfortunately, the IMR process cannot modify original requests.