

Case Number:	CM15-0126076		
Date Assigned:	07/10/2015	Date of Injury:	05/02/2014
Decision Date:	08/06/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

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 33-year-old male, who sustained an industrial injury on May 2, 2014. The injured worker reported right hip pain. The injured worker was diagnosed as having acetabular fracture and hip pain. Treatment to date has included physical therapy and medication. A progress note dated May 12, 2015 provides the injured worker complains of right hip pain and stiffness. He reports the pain and stiffness has not improved since finishing physical therapy. He reports improvement while taking physical therapy and would like to start therapy again. Physical exam notes an antalgic gait and the use of a cane. There is decreased range of motion (ROM). The plan includes physical therapy and Tramadol as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 visits right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition Chapter: Hip & Pelvis Physical Medicine Treatment.

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

Decision rationale: The requested Physical therapy 6 visits right hip, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has right hip pain. The injured worker was diagnosed as having acetabular fracture and hip pain. Treatment to date has included physical therapy and medication. A progress note dated May 12, 2015 provides the injured worker complains of right hip pain and stiffness. He reports the pain and stiffness has not improved since finishing physical therapy. He reports improvement while taking physical therapy and would like to start therapy again. Physical exam notes an antalgic gait and the use of a cane. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 6 visits right hip is not medically necessary.