

Case Number:	CM15-0126260		
Date Assigned:	07/28/2015	Date of Injury:	03/04/2015
Decision Date:	09/01/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/28/2015

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 (IW) is a 25-year-old male who sustained an industrial injury on 03/04/2015. He reported a fall through a heavy-duty warehouse rack. He scraped his ankle, knee and hamstring, and hit the middle part of his back on a standing 2x4. The injured worker was diagnosed as having: Sprain-strain of the left knee-leg; Lumbosacral Sprain; Abrasion of the hip, leg, thigh, ankle on the left. Treatment to date has included medications, Chiropractic care, and physical therapy, use of a knee brace, and work modifications. X-rays were taken of the left knee and the lumbar spine. In the physical therapy notes of 05/13/2015, on visit 5 of 6 authorized, the worker is experiencing increased pain of an unknown etiology. He had been lifting between 30-40 lbs. He was still getting a sudden sharp pain rated an 8 on a scale of 10 two to five times per day. On 06-04-2015, the injured worker was progressed to his usually and customary activities against medical advice. Examination of the left hip found no tenderness to palpation about the anterior quadriceps, greater trochanter IT band or short hip external rotators. There was no tenderness along the anterior superior iliac spine (ASIS), pelvic rim or posterior sacroiliac spine (PSIS). Passive hip range of motion was full. There was no impingement with flexion internal rotation. The diagnoses on 06-04-2015 had transitioned to: Synovitis, not elsewhere classified; Status post left knee MCL repair in 2009, nonindustrial; Sprain of the hip and thigh. On 06-11-2015, the IW complains of left hip pain that he rated at a 1 to 5 on a scale of 0-10. The worker had a sharp pain in the groin area, and catching pain with prolonged sitting, twisting, pivoting, and descending stairs. Physical exam was unchanged from his 06-04-2015 exam. The hip was stable. The plan was to release to work on 06/11/2015 with work

restrictions of no kneeling or squatting, and limited lifting, pulling, and pushing up to 50 lbs. The treatment plan also included continuation of physical therapy. Notes indicate that the patient has undergone 12 physical therapy visits to date. A request for authorization was made for the following: Physical therapy evaluate and treatment for the left hip 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluate and treatment for the left hip 2 times per week for 6 weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Physical Medicine Treatment.

Decision rationale: Regarding the request for additional 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. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.