

Case Number:	CM15-0127446		
Date Assigned:	07/14/2015	Date of Injury:	05/10/2013
Decision Date:	08/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 63 year old male who sustained an industrial/work injury on 5/10/13. He reported an initial complaint of right hip pain. The injured worker was diagnosed as having fracture of unspecified part of neck of femur. Treatment to date includes medication, home exercise program, diagnostics, and injection. Currently, the injured worker complained of right hip/buttock pain along the lateral aspect and rated 4-5/10 at best and 7-8/10 at worst and was sharp and constant. Per the primary physician's report (PR-2) on 4/2/15, exam revealed tenderness to palpation at right greater trochanter area, no redness at injection site. The requested treatments include Physical therapy 2 times a week for 4 weeks for the right hip.

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 4 weeks for the right hip: Upheld

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

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

Decision rationale: Physical therapy 2 times a week for 4 weeks for the right hip is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT but it is unclear exactly how many sessions and why the patient is not versed in a home exercise program. There are no extenuating factors which would necessitate 8 more supervised therapy visits therefore this request is not medically necessary.