

Case Number:	CM15-0147453		
Date Assigned:	08/10/2015	Date of Injury:	07/10/2013
Decision Date:	11/10/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 51 year old female, who sustained an industrial injury on 7-10-2013. She reported pain in the low back and groin after a fall with loss of consciousness. Diagnoses include labral tear, possibly ligamentum teres disruption with possible degree of impingement; status post left hip arthroscopy, femoral acetabuloplasty, and labral repair on 2-23-15. Treatments to date include activity modification, physical therapy and cortisone injections. Currently, she complained of ongoing left hip pain and increasing lower back pain. On 6-26-15, the physical examination documented lumbar muscle spasm and tenderness with painful range of motion and decreased sensation in the left lower extremity. The plan of care included obtaining an MRI of the lumbar spine and Norco. The records submitted for this review included an orthopedic status report dated 6-29-15, documenting that the "Patient has improved" and recommended additional physical therapy twice a week for four weeks. Subjectively it was reported that physical therapy was "extremely helpful" and she requested additional physical therapy sessions. The appeal requested authorization for eight (8) additional physical therapy sessions for the left hip. The Utilization Review dated 7-22-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 continued physical therapy for the left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Hip, Pelvis and Thigh (femur).

Decision rationale: The claimant sustained a work injury in July 2013 and is being treated for low back and hip pain as the result of a fall when she was walking backwards. In November 2014 treatments had included extensive physical therapy and cortisone injections. In February 2015 she underwent left hip arthroscopic surgery with a labral repair and femoral acetabuloplasty for impingement. She had physical therapy after surgery and changed physical therapy providers after developing low back pain with left lower extremity radiating symptoms. When seen, there had been completion of 6 physical therapy treatments with 2 remaining. Physical examination findings included tenderness at the iliotibial band insertion and over the greater trochanteric bursa. Her body mass index is 36. Blood pressure control was discussed. Additional physical therapy is being requested. After the surgery performed, guidelines recommend up to 18 visits over 12 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and, with documentation of functional improvement, a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant there is no evidence of functional improvement with the physical therapy already provided despite receiving treatment from more than one therapy provider. The total number of treatments already attended is unclear. Additional physical therapy is not considered as being medically necessary.