

<b>Case Number:</b>	CM15-0177426		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	10/07/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 72 year old female, who sustained an industrial-work injury on 10-7-14. She reported initial complaints of pain in left hip, elbow, head, and wrist with fall. The injured worker was diagnosed as having minimally displaced fracture of the left inferior pubis ramus. Treatment to date has included medication, diagnostics, physical therapy (60 sessions), surgery (left knee arthroscopy in 1995, right shoulder arthroscopy in 2003). MRI results were reported on 10-7-14 that demonstrated no evidence of fracture involving the left hip, contusions of the left inferior and superior pubic rami, and possible non-displaced fractures with edema and trauma involving the origin of abductor muscles. X-rays were reported on 10-7-14 of the hip with no fracture, possible fracture of the left pubic rami. Currently, the injured worker had no complaints documented. Medications include Levothyroxine, Metformin, Omeprazole, Glimepiride, and Restasis. Per the primary physician's progress report (PR-2) on 6-25-15, exam noted left hip flexion at 130 degrees, abduction at 30 degrees, internal rotation at 30 degrees, external rotation at 40 degrees, no significant discomfort on extremities of internal rotation, no pain on axial load of hip, right groin tenderness on palpation, no radicular symptoms, sensation intact, and neurovascularly intact. Current plan of care includes therapy. The Request for Authorization date was 8-27-15 and requested service that included Therapeutic exercises, pubis, Qty 12, Neuromuscular re-education, pubis, Qty 1, and Manual therapy, pubis, Qty 12. The Utilization Review on 9-3-15 denied the request due to prior therapy and lack of improvement to pain levels and need for transition for home exercise program, therefore not medically necessary, per CA

MTUS (California Medical Treatment Utilization Schedule), Chronic Medical Treatment Guidelines, 2009

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Therapeutic exercises, pubis, Qty 12: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in October 2014 as the result of a fall. An MRI of the left hip showed findings of contusions to the left inferior and superior pubic rami without definite fracture. From 02/03/15 through 08/11/15, there was completion of more than 35 physical therapy treatments with therapeutic content including a home exercise program and 12 sessions were provided beginning in early December 2014. When seen, she had strained her right groin. Physical examination findings included normal left hip range of motion without pain. There was right groin tenderness and pain with external rotation. Being requested is authorization for additional therapy treatments. In terms of therapy after a pelvic fracture, guidelines recommend up to 18 treatment sessions over 8 weeks. In this case, there was no definite fracture and the claimant has already had a grossly excessive number of treatments for more than 8 months, which suggests dependency on therapy provided services. The request is not appropriate or medically necessary.

#### **Neuromuscular re-education, pubis, Qty 12: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in October 2014 as the result of a fall. An MRI of the left hip showed findings of contusions to the left inferior and superior pubic rami without definite fracture. From 02/03/15 through 08/11/15, there was completion of more than 35 physical therapy treatments with therapeutic content including a home exercise program and 12 sessions were provided beginning in early December 2014. When seen, she had strained her right groin. Physical examination findings included normal left hip range of motion without pain. There was right groin tenderness and pain with external rotation. Being requested is authorization for additional therapy treatments. In terms of therapy after a pelvic fracture, guidelines recommend up to 18 treatment sessions over 8 weeks. In this case, there was no

definite fracture and the claimant has already had a grossly excessive number of treatments for more than 8 months, which suggests dependency on therapy provided services. The request is not appropriate or medically necessary.

**Manual therapy, pubis, Qty 12: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in October 2014 as the result of a fall. An MRI of the left hip showed findings of contusions to the left inferior and superior pubic rami without definite fracture. From 02/03/15 through 08/11/15, there was completion of more than 35 physical therapy treatments with therapeutic content including a home exercise program and 12 sessions were provided beginning in early December 2014. When seen, she had strained her right groin. Physical examination findings included normal left hip range of motion without pain. There was right groin tenderness and pain with external rotation. Being requested is authorization for additional therapy treatments. In terms of therapy after a pelvic fracture, guidelines recommend up to 18 treatment sessions over 8 weeks. In this case, there was no definite fracture and the claimant has already had a grossly excessive number of treatments for more than 8 months, which suggests dependency on therapy provided services. The request is not appropriate or medically necessary.