

Case Number:	CM15-0177840		
Date Assigned:	09/18/2015	Date of Injury:	04/19/2014
Decision Date:	10/21/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 April 19, 2014. The injured worker was diagnosed as having long term use of anticoagulants, other pulmonary embolism and infarction, closed fracture of sub-trochanteric section of the left femur, deep vein thrombosis, hip pain, and chronic pain syndrome. Treatment and diagnostic studies to date has included medication regimen, right leg venous ultrasound, physical therapy, and use of a cane. In a progress note dated July 31, 2015 the treating physician reports complaints of pain to the left femur with complaints of pain to the left hip. Examination noted on July 31, 2015 was revealing for an antalgic gait. The documentation provided noted that the injured worker had at least two prior sessions of physical therapy with the physical therapy note from August 12, 2015 that was revealing for a pain level of an 8 to 9 out of 10 with decreased strength and range of motion to the left hip, but the note did not indicate the injured worker's pain level after the physical therapy session or if the injured worker experienced any functional improvement. On July 31, 2015 the treating physician requested physical therapy three times four to the left leg and hip noting the injured worker to be "totally incapacitated." On August 19, 2015 the Utilization Review determined the request for physical therapy for the left hip to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy for the left hip is not medically necessary and appropriate.