

Case Number:	CM15-0026094		
Date Assigned:	02/18/2015	Date of Injury:	06/07/2013
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/11/2015

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: Internal 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 43 year old, male patient, who sustained an industrial injury on 06/07/2013. An orthopedic follow up visit dated 01/06/2015 reported subjective complaint of experiencing pain to bilateral hips around the clock; especially with walking and after having sat for a lengthy time. He has attempted physical therapy, NSAID's and cortisone injection without relief of symptom. Objective findings showed bilateral hips with minimal tenderness to palpation; some tenderness along path of sciatic nerve. A request was made for 20 sessions of physical therapy treating bilateral hips. On 01/21/2015, Utilization Review, non-certified the request, noting the ODG Hip and Pelvis Chapter, and Physical Therapy Guidelines were cited. The injured worker submitted an application for independent medical review of the service requested.

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 10 weeks, in treatment of the bilateral hips, Qty 20:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines. Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Physical therapy (PT), Physical medicine treatment.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) recommends 9 visits of physical therapy (PT) for sprains and strains of hip and thigh. The office visit report documented bilateral hip pain. The patient had tried physical therapy. Physical examination demonstrated minimal tenderness. Range of motion was slightly limited. Gait was normal. The patient was able to get up and down off the examination table easily. Strength was 5/5. Diagnosis was bilateral hip pain. Twenty visits of physical therapy were requested. MTUS and ODG guidelines recommend 9 to 10 visits of PT physical therapy for hip sprain and strain. The request for 20 physical therapy PT visits exceeds MTUS and ODG guidelines, and is not supported. Therefore, the request for physical therapy two times a week for ten weeks (20) is not medically necessary.