

Case Number:	CM15-0029884		
Date Assigned:	02/23/2015	Date of Injury:	10/19/2014
Decision Date:	07/07/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/18/2015

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, Indiana, New York
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 47-year-old male, who sustained an industrial injury on 10/19/14. He reported pain in the right hip, neck and right knee. The injured worker was diagnosed as having lumbosacral sprain/strain, myalgia/myositis, lumbar subluxation, subluxation of the sacrum, and thoracic sprain/strain. Treatment to date has included physical therapy, home exercise, chiropractic treatment, TENS, and medication. 3 weeks of physical therapy for the right hip was noted to have been beneficial. Currently, the injured worker complains of constant lumbosacral pain with radiation to the right sacroiliac joint. The treating physician requested authorization for 6 physical therapy sessions for the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) physical therapy sessions, right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 6 physical therapy sessions to the right hip is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar sprain strain; lumbosacral or thoracic neuritis or radiculopathy unspecified; right hip work by strain; myofascial pain; thoracic sprain strain. Documentation from the December 6, 2014 progress note subjectively states the injured worker is doing well. The injured worker completed five out of six physical therapy sessions. The initial treatments were to the neck and right hip. The injured worker and no longer has the symptoms and has intermittent pain to the right hip. The physical examination of the right hip was unremarkable. The injured worker was to return to work (initiated by the treating provider). The injured worker, after the course of physical therapy, should be sufficiently familiar with the exercises to engage in a home exercise program. There are no compelling clinical facts in the medical records indicating additional physical therapy (over and above the recommended guidelines) is clinically warranted. Consequently, absent clinical documentation indicating a worsening of symptoms, a significantly abnormal physical examination with continued complaints referencing the right hip and compelling clinical facts indicating additional physical therapy is warranted, 6 physical therapy sessions to the right hip is not medically necessary.