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| Case Number: | CM15-0034834 | | |
| Date Assigned: | 03/03/2015 | Date of Injury: | 01/20/2014 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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: Emergency 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 (IW) is a 57-year-old female who sustained an industrial injury on 01/20/2014 due to a fall. Diagnoses include left hip greater trochanteric bursitis with piriformis syndrome and incidental left hip impingement. Treatments to date include medications, surgical repair of left hamstring and physical therapy. According to the progress notes dated 1/12/15, the IW reported posterior left hip, buttocks and posterior hamstring pain. On examination there was tenderness to palpation over the greater trochanter, ischial tuberosity and sciatic notch on the left. There was also mild groin pain and posterior hip pain with anterior impingement testing. X-rays of the left hip were unremarkable. A request was made for physical therapy twice weekly for five weeks for the left hip for treatment of the probable scar tissue build-up in and around the posterior hip.

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 5 weeks Left Hip: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG: Hip and Pelvis: Physical Medicine Treatment ODG: OTHER DISORDERS OF SYNOVIUM, TENDON, AND BURSA: 727.65 Quadriceps tendon.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior 12 PT sessions on affected hip. Provider states that pain is due to piriformis syndrome after significant hamstring tear along pelvis region requiring surgical repair. Patient has a diagnosis of hip sprain with piriformis syndrome after surgical repair. Patient had significant injury to affected hip. There is no specific guidelines found in MTUS Chronic pain guidelines or ODG concerning hamstring rupture and repair. Reviewing closest related similar injury, patient has yet to maximize physical therapy. Additional 10 PT sessions is medically necessary.