

<b>Case Number:</b>	CM15-0057727		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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, Hawaii  
 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 52 year old female, who sustained an industrial injury on 12/31/2012. She reported back, hip and shoulder pain. The injured worker was diagnosed as having internal derangement of the hips, degenerative disc disease with bulge/protrusions and without stenosis. Treatment to date has included magnetic resonance imaging, urine drug screening, electrodiagnostic studies, medications, home exercises, left shoulder arthroscopy, and epidural steroid injection. The records indicate she reported 90% pain relief following left shoulder surgery. On 2/20/2015, she complains of low back pain rated 4/10 on a pain scale, and bilateral hip pain. She indicates the hip pain was helped by epidural injection, and that her job requires sitting most of the day, which does not help. She also indicates driving 71 miles to get to the appointment left her stiff. The request is for physical therapy for the lumbar spine, and bilateral hips.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Lumbar spine and bilateral hips, three times a week for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** The patient has ongoing low back and bilateral hip pain. The current request is for Physical Therapy for the lumbar spine and B/L hips, three x a week for four weeks. The MTUS guidelines allow 8-10 therapy visits for neuritis and myalgia type symptoms. In this case, the current request for 12 sessions exceeds what MTUS allows for this diagnosis. As such, recommendation is for denial. The request is not medically necessary.