

Case Number:	CM15-0066005		
Date Assigned:	04/13/2015	Date of Injury:	03/14/2014
Decision Date:	05/19/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/07/2015

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 38 year old, female who sustained a work related injury on 3/14/14. The diagnoses have included lumbosacral strain and right hip pain. Treatments have included an MRI of right hip on 1/13/15 and medications. In the Initial Comprehensive Orthopedic Consultation dated 9/23/14, the injured worker complains of only right knee and low back pain. No right hip issues noted. On the order for the right hip therapy dated 1/29/15, a diagnosis of right hip pain is noted. The PR-2 dated 2/26/15 has no subjective or objective findings noted. The requested treatment for physical therapy is only noted on the order dated 1/29/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits to right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The patient presents with right hip pain radiating to the low back. The request is for PHYSICAL THERAPY 12 VISITS TO RIGHT HIP. There is an undated RFA provided and the patient's date of injury is 03/14/14. The diagnoses have included lumbosacral strain and right hip pain. There are no physical examination findings provided in the treater reports included in this case. MRI of the right hip performed on 01/13/15, revealed probable fibroid uterus, adnexal masses or other etiology are not excluded. Otherwise unremarkable MRI of the right hip. Treatments have included an MRI of right hip on 1/13/15 and medications. Medications are unknown. The patient is temporarily totally disabled. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency, from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, only three hand written progress reports were provided. Treater has not provided a reason for request. There is no indication of prior physical therapy. MTUS recommends 8-10 physical therapy visits for radiculitis. Given patient's diagnosis, a short course of physical therapy would be indicated. However, the request 12 visits of physical therapy exceeds guidelines. Therefore, the request IS NOT medically necessary.