

<b>Case Number:</b>	CM15-0066966		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	05/04/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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, who sustained an industrial injury on 05/04/2013. He reported injuries to her right hip and right groin. The injured worker is currently diagnosed as having status post right hip and groin sprain/strain, status post right hip arthroscopy, persistent right groin pain, and chronic pain syndrome. Treatment to date has included injections, right hip surgery, physical therapy, and medications. In a progress note dated 03/17/2015, the injured worker presented with complaints of pain in the right hip, right groin, abdomen, and pubic region. The treating physician reported requesting authorization for physical therapy to provide anti-inflammatory modalities, stretching, and strengthening of the abdominal wall and right hip flexors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2xwks3wks on the abdominal wall and right hip:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is nearly 2 years status post work-related and continues to be right hip, groin, treated for chronic right hip pain. Treatments have included right hip arthroscopy in December 2013. When seen, he was having ongoing right hip pain. Prior physical therapy more than one year before had been helpful. In this case, the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommendation and the treatment goals are clearly stated. The request is medically necessary.