

Case Number:	CM15-0072300		
Date Assigned:	04/22/2015	Date of Injury:	06/12/2010
Decision Date:	05/20/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/16/2015

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 32 year old male injured worker suffered an industrial injury on 06/12/2010. The diagnoses included possible left hip impingement syndrome versus cam lesion. The diagnostics included left hip magnetic resonance imaging. The injured worker had been treated with topical medications. On 3/3/2015 the treating provider reported inguinal pain and hip/thigh pain. The left hip makes a popping noise and the low back is warm to touch. He reported his left foot is losing feeling if he sits too long. On exam there is tenderness to the left hip with range of motion reproducing pain. The treatment plan included Physical therapy.

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 6 weeks for the lower back and bilateral hips: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section and Hip and Pelvis Section; Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks of low back and bilateral hips 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are possible impingement versus possible cam lesion of the left hip. Subjectively, the injured worker has persistent ongoing pain complaints of left hip. Objectively, there is palpable tenderness to the anterior left hip flexion and external rotation that seems to reproduce his pain. The utilization review indicates the injured worker already had the recommended course of physical therapy. There is no physical therapy documentation in the medical record and there were no physical therapy notes in the medical record. Physical therapy plays little to no role in treating injured workers with chronic pain. The injured worker had pain in past progress notes and continues to experience pain. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. In the alternative, if physical therapy was not authorized and received by the injured worker, 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) is appropriate. The treating physician requested 12 physical therapy sessions. This is in excess of the recommended guidelines. Consequently, absent clinical documentation with objective functional improvement (from a prior course of recommended physical therapy) and no compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times six weeks of low back and bilateral hips is not medically necessary.