

Case Number:	CM15-0095047		
Date Assigned:	05/21/2015	Date of Injury:	02/21/2013
Decision Date:	06/25/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/18/2015

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, 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 59 year old male who sustained a work related injury February 21, 2013. Past history included right hip surgery 2007, left hip surgery 2011 and revision of right hip surgery, 2012, arthroscopic knee surgery x 2 1994, right shoulder arthroscopic surgery, 2002 and hypertension. While working as a cameraman, he was crushed between metal storage containers that were hit by a moving van. He had a momentary loss of consciousness and broken ribs, punctured lung, broken clavicle, and concussion. According to an orthopedic evaluation, dated April 13, 2015, the injured worker presented with complaints of left hip pain, worse with prolonged standing, walking, bending, and lifting. He also complains of spine pain and numbness in his hands. He indicates he is performing his normal and customary duties as a cameraman. Diagnoses are left hip contusion; trochanteric bursitis; s/p hip replacement. Treatment plan included recommendation of CT scan of the pelvis and at issue, a request for authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left hip 3 times weekly for 4 weeks, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter, Physical Therapy.

Decision rationale: In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, but the number of past visits, functional benefit from prior therapy, and a comprehensive summary of past therapy is not submitted. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. Therefore additional physical therapy is not medically necessary.