

Case Number:	CM15-0096369		
Date Assigned:	05/26/2015	Date of Injury:	12/29/2014
Decision Date:	06/26/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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 52 year old male who sustained an industrial injury on 12/29/2014. Current diagnoses include right leg paresthesias and right hip pain. Previous treatments included medication management, and ketotorolac injection. Previous diagnostic studies include x-rays of the pelvis and right hip dated 01/12/2015, MRI, and CT scan. Initial injuries included right hip pain and right buttock pain. Report dated 03/23/2015 noted that the injured worker presented with complaints that included back pain and right leg weakness. Pain level was not included. Physical examination was positive for pain in the right lower back and hip, and decreased range of motion in the right hip. The treatment plan included refilled prescriptions and follow up in 4 weeks. It was noted that recommendations were made by the neurosurgeon for physical therapy, orthopedics and pain management on 03/10/2015. Disputed treatments include physical therapy (land and pool) times 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Land & Pool), 8 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in December 2014 as a result of a motor vehicle accident. He is being treated for right hip and leg pain. When seen, physical examination findings included a BMI over 42. Straight leg rising was negative. There was a negative Patrick's test. There was a stable gait. Recommendations include continued pool therapy with a transition to land based therapy. The claimant is being treated for right sided sciatic symptoms and right hip bursitis. He is overweight and pool therapy would likely be appropriate for his condition. Guidelines recommend up to 10-12 visits over 8 weeks for this condition. The request is consistent with that recommendation and was medically necessary.