

Case Number:	CM15-0098856		
Date Assigned:	06/01/2015	Date of Injury:	12/01/2014
Decision Date:	06/30/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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 injured worker is a 53-year-old female who sustained an industrial injury on 12/01/2014. The injured worker was diagnosed with intertrochanteric femur fracture, left hip iliotibial band syndrome and left knee strain/bursitis. The injured worker underwent closed reduction with percutaneous fixation of the left hip in December 2014. Treatment to date includes diagnostic testing and surgery followed by 18 completed sessions of physical therapy and medications. According to the primary treating physician's progress report on April 27, 2015, the injured worker continues to experience left hip, left knee and low back pain and making progress with physical therapy. Examination demonstrated tenderness to palpation especially in the left groin. There was decreased painful range of motion. The injured worker ambulates with a cane and has an antalgic gait. Current medication is listed as Tramadol. Treatment plan consists of additional physical therapy twice a week for 3 weeks to left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times per week for 3 weeks for the left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

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) Hip 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 three weeks of the left hip 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 left hip fracture, status post surgical fixation (percutaneous), left hip iliotibial band syndrome; left knee sprain/bursitis; and gait disorder. The utilization review indicates the injured worker received 18 sessions of physical therapy for the aforementioned surgery. The medical record contains 36 pages. A progress note dated April 27, 2015 objectively states left hip tend to help patient especially in left groin, decreased painful range of motion and ambulates without a cane, antalgic gait. There is no documentation indicating objective functional improvement with prior physical therapy. Moreover, there are no compelling clinical facts documented in the medical record indicating additional physical therapy is clinically warranted. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted (over the recommended guidelines), physical therapy two times per week times three weeks of the left hip is not medically necessary.