

<b>Case Number:</b>	CM15-0099402		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	11/22/2010
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 69 year old male, who sustained an industrial injury on November 22, 2010. He reported right pelvic joint pain. The injured worker was diagnosed as having pelvic joint pain, closed dislocation of the right hip, fracture of the neck and femur, surgical intervention of the fracture, anxiety and status post pulmonary embolism following surgical intervention. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the right leg fracture and hip dislocation, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued right sided pelvic and leg pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 16, 2015, revealed continued pain as noted. Evaluation on April 29, 2015, revealed continued pain as noted. It was noted he had post-operative complications including pulmonary embolism. He reported no benefit with previous physical therapy. Additional physical therapy and a pain management consultation were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy times six sessions for the right hip:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. Furthermore, additional therapy would exceed the number of sessions recommended by the CA MTUS. In light of the above issues, the currently requested physical therapy is not medically necessary.