

Case Number:	CM14-0142654		
Date Assigned:	09/10/2014	Date of Injury:	11/17/2013
Decision Date:	10/06/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56 year old female with an injury date on 11/17/2013. Based on the 07/08/2014 progress report provided by [REDACTED] the patient complains of increased back pain that radiates to the right side of her hip. MRI of the lumbar spine on 6/3/2014 indicates interval development of moderate to severe facet hypertrophy at L4-5 with interval development of extreme cystic/extruded degenerative changes along the right facet causing severe narrowing of the right lateral recess and abutment of the transiting nerve root at this level. The progress reports do not discuss any positive exam findings. The diagnoses include the following: 1. Low back pain with facet hypertrophy at L4-L5 on the right. 2. Subcapital fracture of the right hip, status post right total hip arthroplasty performed by [REDACTED] on November 18, 2013. 3. Avulsion fracture in the right Fibula. 4. Bilateral shoulder pain with rotator cuff tears. [REDACTED] is requesting for physical therapy 3x4. The utilization review determination being challenged is dated 08/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/01/2014 to 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip & Pelvis Updated 3/25/14; Physical Medicine Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: According to the 07/08/2014 report by [REDACTED], this patient presents with increased back pain that radiates to the right side of her hip. The treating physician is requesting for physical therapy 3x4. The utilization review denial letter states that the patient had completed 32 of 36 approved physical therapy visits. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended over 4 weeks. The current request for 12 sessions of therapy exceeds what is recommended by MTUS. Furthermore, the treating physician does not indicate how the patient has responded to recent therapy and what additional goals are to be reached. Therefore, this request is not medically necessary.