

Case Number:	CM14-0142847		
Date Assigned:	09/10/2014	Date of Injury:	03/16/2005
Decision Date:	10/22/2014	UR Denial Date:	08/19/2014
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 of 03/16/05. Based on the 08/11/14 progress report provided by [REDACTED] the patient complains of right hip pain. Physical examination to the right hip reveals tenderness to palpation of piriformis, gluteus, and greater tochanter. FABER test is positive on the right. Range of motion is decreased, especially on adduction 18 degrees. Per treater report dated 08/11/14, MRI of the right hip dated 07/28/14 states right hip improving. Patient has completed 4 of 8 physical therapy sessions to the bilateral shoulders. Diagnosis 08/11/14- cervical spine myelopathy after 01/22/07 surgery- status post C3-C6 fusion 2x (January 2007, October 2007)- development of Horner's Syndrome - right knee PFA, patella chondromalacia- degeneration medial meniscus- ICD-9 715.96 osteoarthritis unspecified, lower leg. [REDACTED] is requesting Physical Therapy 2x/week x 3 weeks on the right hip and thigh. The utilization review determination being challenged is dated 08/19/14. The rational is "number of previous PT has not been documented, and request would exceed guidelines." [REDACTED] is the requesting provider, and he provided treatment reports from 06/20/14 - 08/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x/week x 3 weeks on The Right Hip and Thigh: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: Patient presents with right hip pain. The request is for Physical Therapy 2x/week x 3 weeks on the right hip and thigh. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." 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." Review of reports do not document diagnosis pertinent to the right hip or thigh, however physical examination dated 08/11/14 supports patient's right hip and thigh pain symptoms. Per treater report dated 08/11/14, patient completed 4 of 8 physical therapy sessions to address the bilateral shoulders. There is no documentation that patient received previous physical therapy to her hip and thigh. The request for 6 sessions appears reasonable and is within guidelines. Recommendation is for authorization.