

Case Number:	CM14-0055029		
Date Assigned:	07/09/2014	Date of Injury:	06/25/2009
Decision Date:	09/18/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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. 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 57 year old female who sustained an industrial injury on 06-25-09. Initial complaints and diagnoses are not available. Treatments to date include bilateral hip replacements, physical therapy, and medications. Diagnostic studies are not addressed. Current complaints include right hip pain. Current diagnoses include right hip arthritis status post replacement - industrial, left hip arthritis, post replacement-nonindustrial, lumbar sprain with spondylolisthesis, sacroiliac sprain farm antalgic gait. In a progress note dated 03-13-14 the treating providers reports the plan of care as additional physical therapy to the right hip and massage therapy, as well as pool therapy. The requested treatments include additional physical therapy to the right hip and massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Physical Therapy for right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work-related injury in June 2009 and is being treated for bilateral hip pain and sprains of the low back and sacroiliac joint. She has a history of bilateral total hip replacements. She was found to be permanent and stationary in 2013. When seen, there was an antalgic gait. She was having increased pain with weight bearing. She had completed 2 of 6 physical therapy treatments with decreased pain. She was continuing to take Norco and using Ambien and Flector. Authorization for massage therapy and additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant had not completed the initial trial of physical therapy. Requesting additional physical therapy without completion of the initial trial of therapy and without the results of a formal reassessment is not considered medically necessary.