

Case Number:	CM13-0027858		
Date Assigned:	11/22/2013	Date of Injury:	09/16/2004
Decision Date:	02/04/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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.

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 Claimant is a 59-year-old who sustained an injury on 9/16/2004 while employed as a sales assistant and stockbroker for [REDACTED]. The patient reported that during her time of employment with [REDACTED] she developed depressive and anxious emotional complications of physical pain, disability and altered activities arising from injuries at work, primarily including her left knee due to the repetitive and continuous nature of her job duties. The patient claims that while participating in an emergency fire drill at work, she twisted her left knee while walking down the steps on her way to street level. The patient went to urgent care and later her primary care physician where an MRI was done. She was diagnosed with torn meniscus (left knee). She received surgery to the left knee in 2005 without therapy and felt some relief to symptoms. She is currently diagnosed with left hip avascular necrosis. A request for 12 visits of physical therapy is made. The left hip MR arthrogram report dated 11/4/10 by [REDACTED] showed a focal non-displaced subtle tearing at the base of the anterosuperior labrum (corresponding to a type III-A labral tear at the junction of zone 2 and zone 3); partial-thickness chondral loss that affects the femoral head and acetabulum involving zones 2 through 4; no discrete dysplastic femoral bump evident; and moderate-grade total hip replacement for the patient. The medical report date 6/18/13 indicates that the patient is with left hip severe bursitis, and difficulty with ambulation and walking. A shot of cortisone to the left hip bursa was administered on this visit. Naprosyn 500 mg once a day was also prescribed. The most recent medical report dated 7/30/13 indicated that the patient has severe pain over the left hip as well as bilateral knee region. Physical examination showed severe tenderness to palpation over the left trochanteric bursa as well as painful range of motion of the left hip. X-rays did not show any significant findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy visits for the left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition ODG Preface, as well as the ODG Physical Therapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition ODG Preface, as well as the ODG Physical Therapy Guidelines.

Decision rationale: The Chronic Pain Medical Treatment guidelines allow for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home Physician Medicine. According to the Official Disability Guidelines, There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The ODG also says to allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy Section in the ODG Preface, including assessment after a "six-visit clinical trial". Moreover, evidence that a home exercise program could not adequately address the current issues experienced by the patient is not noted. The request for twelve physical therapy visits for the left hip is not medically necessary or appropriate.