

Case Number:	CM13-0046095		
Date Assigned:	12/27/2013	Date of Injury:	10/14/2011
Decision Date:	03/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 Internal Medicine has a subspecialty in and is licensed to practice in Arizona. 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. 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 sustained a work-related injury on 10/14/11 when she fell and sustained a right hip fracture. She had a right hip replacement. She has had continuous right hip, knee and back pain. She has had at least 20 physical therapy sessions, multiple chiropractic and acupuncture sessions, steroid injections in her knee for pain control and evaluations by orthopedic surgery and neurosurgery. Imaging of the thoracic and lumbar spine on 7/19/12 showed multiple levels of degenerative disc disease and vertebral compression fractures. MRI of the right knee on 9/28/12 showed a tear in the lateral meniscus and MCL. She was evaluated on 8/27/13 for continued knee and low back pain. The physical exam showed paravertebral muscle spasms and she walks with a cane. The recommended treatment included physical therapy 2x/week for 4weeks with "work hardening". This request was denied as not medically necessary on 10/28/13. As of 12/13 the patient was planned for knee surgery as her pain persisted despite treatment with multiple modalities for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy with work hardening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), work hardening

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 98-99,125-126.

Decision rationale: With regards to physical therapy the MTUS section on physical medicine that passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Physical Medicine Guidelines allows for fading of treatment frequency, plus active self-directed home physical medicine. The criteria for admission to a Work Hardening Program include (3) not a candidate where surgery or other treatments would clearly be warranted to improve function and (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. The patient has had at least 20 sessions of physical therapy, which is sufficient to guide the patient towards a home exercise program with physical medicine. The patient is still complaining of chronic pain and still ambulates with an abnormal gait and is using a cane for support. Additional physical therapy is not medically necessary. Regarding a Work Hardening Program, the patient is planned for surgical intervention for her knee. Given her persistent reliance on a cane with physical debility she would not be able to endure 4 hours a day of therapy for three to five days a week. She does not meet criteria for a work hardening program. Further physical therapy and a work hardening program are not medically necessary.