

Case Number:	CM13-0066421		
Date Assigned:	01/03/2014	Date of Injury:	05/10/2013
Decision Date:	08/29/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 44 YO female with date of injury of 05/10/2013. The listed diagnoses per [REDACTED] dated 10/15/2013 are: 1. Status post right hip replacement, January 2, 2013. 2. Status post left knee meniscus tear surgery from 2005 and 2007. 3. Coccydynia. 4. Lumbar sprain/strain. 5. Degenerative Joint Disease of the left hip. According to this report the patient complains of constant aching pain in the lower back and tailbone region. She describes her pain as sharp, shooting, and throbbing. Her pain occasionally travels to her legs and feet, especially the left leg and hip. She reports episodes of numbness and tingling in her legs and feet. The patient also complains of constant aching pain in the hips, more in the right. The physical exam shows the patient has a moderately antalgic gait bilaterally with a wide-based stance. Mild spasm was noted in the paraspinal musculature of the lumbar spine with exquisite tenderness over the coccyx. Sensation to light touch and pinprick is within normal limits. No sensory deficits were noted. The utilization review denied the request on 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy and aqua therapy three times a week for four weeks for the low back and right hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98, 99.

Decision rationale: This patient presents with low back and hip pain. The patient is status post right hip replacement January 2013 and is outside of the post-op time frame for therapy. The treating physician is requesting 12 additional physical therapy and aqua therapy sessions for the low back and right hip. The MTUS Guidelines recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The physical therapy report dated 06/14/2013 noted visit 5 out of 6 that showed that the patient is gaining mobility. The treating physician's progress report dated 10/15/2013 documents she was started on a course of physical therapy three times a week through June 24, 2013 with minimal pain relief. The MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improved quality of life. Given that the patient reports minimal pain relief from previous therapy, it is not known what additional therapy will do at this point and the requested number of treatments exceed what is allowed by MTUS. Furthermore, there is no discussion as to any weight-bearing restrictions to require water therapy. Request is not medically necessary.