

Case Number:	CM14-0155381		
Date Assigned:	10/29/2014	Date of Injury:	06/17/2012
Decision Date:	12/05/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/23/2014

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 61-year-old female with an injury date of 06/17/12. Based on the 06/03/14 progress report provided by [REDACTED], the patient complains of hip and low back pain rated 5-10/10. Patient is status post right total hip replacement 01/28/14. Patient ambulates with a cane. Physical examination revealed tenderness to palpation at the lumbar spine, paraspinal tenderness and hypertonicity, and SI joint tenderness. Decreased sensation to pinwheel in L4 dermatome on the right. Reflexes normal. Straight leg raise test negative. Physical examination on 07/24/14 reveals decreased hip range of motion due to pain. Sensation decreased L5-S1 on the right. Strength decreased extensor hallucis longus on the right. Provider report dated 06/02/14 states patient is in land PT and aqua therapy for hip. Provider does not think PT is helping or hurting the patient. Physical therapy note dated 07/07/14 states patient had 6 visits. Diagnosis 06/03/14- degenerative joint disease right hip- degenerative disc disease lumbar spine Operative report 01/28/14 Diagnosis: osteoarthritis, right hip Procedure: right total hip arthroplasty MRI of the Lumbar Spine 07/23/14, per provider report dated 07/24/14- mild spinal stenosis without significant foraminal narrowing at L2-3 and L3-4 from posterior facet arthropathy- borderline spinal stenosis and mild bilateral foraminal narrowing L4-5- no focal disc herniation The utilization review determination being challenged is dated 08/20/14. [REDACTED] is the requesting provider and he provided frequent reports from 01/28/14 - 07/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient continue physical therapy to right hip (unspecified duration and frequency) consisting of therapeutic exercise: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Physical Medicine Treatment

Decision rationale: The patient presents with hip and low back pain rated 5-10/10. The request is for outpatient continue physical therapy to right hip (unspecified duration and frequency) consisting of therapeutic. She is status post right total hip arthroplasty due to osteoarthritis 01/28/14. Patient's diagnosis dated 06/03/14 included degenerative joint disease right hip and degenerative disc disease lumbar spine. Regarding post-op hip arthroplasty therapy treatments, ODG guidelines, Hip and Pelvis Chapter, Physical Medicine Treatment section states: "Post-surgical treatment, arthroplasty/fusion, hip: 24 visits over 10 weeks." ODG also states: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). Sprains and strains of hip and thigh (ICD9 843): 9 visits over 8 weeks." Per physical therapy note dated 07/07/14, patient had 6 post-operative visits. ODG post-surgical guidelines do not apply in this case, as time frame of treatment is 10 weeks. ODG recommends "9 visits over 8 weeks for sprains and strains of hip and thigh." Provider report dated 06/02/14 states "patient is in land PT and aqua therapy for the hip." Provider also states "he does not think PT is helping or hurting the patient," however he is requesting "unspecified duration and frequency" for the physical therapy sessions. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Provider has not documented functional benefit of physical therapy, nor indicated new diagnosis or injury to substantiate the request, which furthermore cannot be authorized without "specified duration and frequency." Recommendation is for not medically necessary.

MRI with and without contrast of lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents with hip and low back pain rated 5-10/10. The request is for MRI with and without contrast of lumbar spine. She is status post right total hip arthroplasty due to osteoarthritis 01/28/14. Patient's diagnosis dated 06/03/14 included degenerative joint disease right hip and degenerative disc disease lumbar spine. Physical examination on 07/24/14 reveals decreased hip range of motion due to pain. Sensation decreased L5-S1 on the right. Strength decreased extensor hallucis longus on the right. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that

identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." For uncomplicated low back pain, ODG guidelines require at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present for an MRI. ODG supports an MRI for prior lumbar surgery as well. Per provider report dated 07/24/14, patient had MRI of the Lumbar Spine 07/23/14. Because the Request for Authorization form is missing, it is not clear which MRI is being discussed for utilization. The progress reports discussing the MRI is from 6/24/14 and it is likely that the UR denial is for the MRI obtained on 7/23/14. This MRI appears to have been obtained without prior authorization. Given that the patient has significant and persistent low back pain, radicular symptoms with some positive exam findings, an MRI of L-spine appears reasonable. ODG support MRI for radiculopathy when conservative measures fail. Recommendation is for medically necessary.