

<b>Case Number:</b>	CM14-0025964		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 38-year-old male who reported an injury on 12/05/2013. He was unpacking boxes from a container and felt severe pain in the right testicle, extending to the right groin and into the back. The clinical note dated 02/05/2014 noted that the injured worker presented with pain in the right groin, right scrotum, the medial aspect of the thigh and the right flank area. Prior treatment included physical therapy and medications. No abnormalities were noted upon physical exam, and the provider stated that he was unable to detect any deficit in the area. The provider stated that there was a possibility of a right inguinal hernia or an inguinoscrotal muscular strain and recommended obtaining a computerized tomography (CT) scan of the abdomen and groin to check for these conditions. The provider recommended additional physical therapy applications with the modalities of hot/cold treatment, ultrasound and gait training. The provider recommended physical therapy as the injured worker was continuing to have discomfort and pain. The Request for Authorization form was not provided in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY; APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS, HOT OR COLD PACKS QTY: 1.00:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The Chronic Pain Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific task or exercise. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines recommend up to ten (10) visits of physical therapy over four (4) weeks. The amount of physical therapy visits that have already been completed was not indicated within the provided documentation. There is a lack of evidence of physical exam findings indicating functional deficits. Additionally, the provider did not include the frequency, duration, and the site for which the physical therapy is intended. As such, the request is not medically necessary.

**PHYSICAL THERAPY; APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS, ULTRASOUND, EACH FIFTEEN (15) MINUTES QTY: 1.00:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

**Decision rationale:** The Chronic Pain Guidelines indicate that ultrasound is not recommended. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. The guidelines also indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific task or exercise. There is a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines recommend up to ten (10) visits of physical therapy over four (4) weeks. The amount of physical therapy visits that have already been completed was not indicated within the provided documentation. There is a lack of evidence of physical exam findings indicating functional deficits. Additionally, the provider did not include the frequency, duration, and the site for which the physical therapy is intended. As the guidelines do not recommend ultrasound, the request is not indicated. As such, the request is not medically necessary.

**PHYSICAL THERAPY; THERAPEUTIC PROCEDURE, ONE (1) OR MORE AREAS, EACH FIFTEEN (15) MINUTES, GAIT TRAINING QTY: 1.00:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Gait Training.

**Decision rationale:** The Chronic Pain Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific task or exercise. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines recommend up to ten (10) visits of physical therapy over four (4) weeks. The amount of physical therapy visits that have already been completed was not indicated within the provided documentation. There is a lack of evidence of physical exam findings indicating functional deficits. Additionally, the provider did not include the frequency, duration, and the site for which the physical therapy is intended. The Official Disability guidelines state that gait training is teaching patients with severe neurological or musculoskeletal disorders to ambulate, or to ambulate with an assistive device, and is necessary for training individuals whose walking abilities have been impaired by neurological, muscular or skeletal abnormalities or trauma. Gait training is not appropriate when the individual's walking ability is not expected to improve, or for relatively normal individuals with minor or transient abnormalities of gait who do not require an assistive device, when these transient gait abnormalities may be remedied by simple instructions to the individual. Gait training may include treadmill training and body-weight support systems, as well as other modalities. The included medical documents lack evidence of significant functional deficits that would warrant the need for gait training. There are no functional deficits noted on the physical examination. As such, the request is not medically necessary.