

Case Number:	CM14-0033252		
Date Assigned:	06/20/2014	Date of Injury:	11/15/2005
Decision Date:	07/23/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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, and is licensed to practice in Texas. 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:

A prior utilization review determination was completed on 3/4/2014. A peer-to-peer discussion with the requesting physician was performed. Per the discussion, although the patient has undergone extensive treatment, he apparently had not received physical therapy for the trochanteric bursitis. The recommendation was made to modify the requested physical therapy three times six (3x6) to allow nine sessions for this hip condition. According to the progress report dated 1/6/2014, the patient returns for continued care and management of his chronic pain due to his industrial injury. He complains of pain in the left ankle, left, lower back, and right knee. Pain is not changed since his last visit. Pain is rated 4-7/10 with medications, pain is aggravated by activities, and improved with medications and rest. He describes his sleep is fair. Physical examination documents the patient ambulates with a limping gait, left ankle is very tender to palpation in the superior and anterior left lateral malleolus region. According to the progress report dated 3/27/2014, the patient return for continued care management of chronic pain. He indicates pain is in his lower back, hips, left knee and left ankle, and has not changed since his last visit. Pain is rated 5-7/10 with medications, it is aggravated by activities, and improved with medication, rest, and avoiding strenuous activity. He describes his sleep as good "if my hips don't hurt." Physical examination is reported as musculoskeletal exam unchanged since last visit, he ambulates with a limping gait, left ankle is tender to slight palpation in the superior and anterior left lateral malleolus region.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, THREE (3) TIMES SIX (6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The CA MTUS Physical Medicine Guidelines allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical medicine. For myalgia and myositis, the MTUS allows 9-10 visits over 8 weeks. According to the MTUS guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Passive therapies can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the medical records do not demonstrate the presence of the new or recent injury, nor is there any indication that the patient has utilized a self-directed home exercise program to address his chronic complaints. Given the patient's remote date of injury and extensive history of care, it is reasonable that the patient has undergone supervised physical therapy to date, and therefore, the patient should be versed in a home exercise program, which could be equally efficacious. The medical records do not document the patient's response to previously rendered active therapy measures; it is unclear whether the patient is likely to benefit from further supervised therapy at this time. As such, the request for additional physical therapy three times six is not certified.