

Case Number:	CM14-0202406		
Date Assigned:	12/15/2014	Date of Injury:	01/02/2012
Decision Date:	02/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 45-year-old man who sustained a work-related injury on January 2, 2012. Subsequently, the patient developed chronic hip pain. The patient underwent total left hip arthroplasty on March 24, 2014. He has been authorized 36 post-operative physical therapy visits for the left hip. According to a progress report dated September 4, 2014, the patient complained of left hip pain. he reported 5/5 anterior left hip pain that was dull to sharp in quality. It was aggravated with flexion of his hip. The patient had sensitivities to different pain medications that included constipation and nausea. Examination of the left hip revealed antalgic pattern. There was no snapping or clicking internally. There was no tenderness to palpation. The range of motion was painful. Sensation was within normal limits. A progress report dated October 24, 2014 documented that the patient was still complaining of significant anterior hip pain and difficulty with hip flexion. On examination, the anterior incision was healed. The hip had painless range of motion. The patient had pain with resisted hip flexion. There was tenderness to palpation of the superior hip over the tensor fascia lata muscle. The patient was diagnosed with stable left THA with continued soft tissue muscle pain. The provider requested authorization for physical therapy, Ultrasound guided left hip bursa injection, and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 to the Left Hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) 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. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. The injured worker underwent 32 physical therapy sessions without documentation of clear benefit. The request for more physical therapy have unclear rational. Therefore, the request for Physical therapy 2x6 to the left hip is not medically necessary without an intermediate evaluation during the first 3 or 4 sessions assessing physical therapy efficacy. Therefore, the request is not medically necessary.

TENS Unit of Left Hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this injured worker. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of his pain or neuropathic pain. The provider should document how TENS will improve the functional status and the

injured worker's pain condition. Therefore, the prescription of TENS Unit of Left Hip is not medically necessary.