

Case Number:	CM15-0001085		
Date Assigned:	01/12/2015	Date of Injury:	09/04/1996
Decision Date:	03/06/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 65 year old male, who sustained an industrial injury on 9/4/1996. The diagnoses have included status post left total hip arthroplasty, sciatic nerve neuropathy, chronic left knee pain, left foot drop, pain in joint, pelvic region and thigh, lumbago and unspecified mononeuritis, lower limb. Treatment to date has included pain medications, inpatient rehabilitation and outpatient physical therapy. Neurological consult from 7/26/2014 documented that the injured worker had recently undergone left hip replacement for avascular necrosis. He was found to have a total left foot drop, probably stretch injury to the sciatic nerve or sciatic nerve neuropathy. He was to start rehabilitation as an inpatient when his confusional state cleared. The injured worker was admitted to an inpatient rehabilitation facility on 7/29/2014 and discharged on 8/6/2014. Per the primary treating physician's comprehensive orthopedic and request for authorization from 11/25/2014, the injured worker was wearing his ankle-foot orthosis brace secondary to the dropped foot. He was using his wheeled, seated walker. The injured worker hunched forward for ambulation due to spinal stenosis. The results of physical therapy were not documented. The physician plan was for additional physical therapy; the injured worker had foot drop and had hip dislocation on 8/22/2014. On 12/19/2014, Utilization Review (UR) non-certified a request for physical therapy 2 x week x 6 weeks left hip, noting that objective documentation of the injured worker's deficits in the left hip which the requested treatment will address is not detailed. UR also noted that clarification was needed regarding the total number of physical therapy sessions rendered to date. The MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice (2) a week for six (6) weeks for the Left Hip: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Preface, Physical Therapy

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. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) 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 (Fritz, 2007)."The patient underwent several therapy sessions without documentation of clear benefit. There is no clear rationale for additional physical therapy. There is no documentation that the patient is not able to do home exercise. In addition, the request for Physical therapy, twice a week for 6 weeks, for the left hip is not medically necessary without an intermediate evaluation during the first 3 or 4 sessions assessing physical therapy efficacy.