

Case Number:	CM15-0147652		
Date Assigned:	08/11/2015	Date of Injury:	02/28/2013
Decision Date:	09/22/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55 year old male, who sustained an industrial injury on 2-28-2013. The mechanism of injury was not described. The current diagnoses are hip-pelvis pain, degenerative arthritis of the hip, labral tear of the hip, status post left hip arthroscopy (2-12-2015). According to the progress report dated 6-19-2015, the injured worker complains of left hip pain, worse with activities. The pain is rated 4-5 out of 10 on a subjective pain scale. The physical examination of the left hip reveals generalized tenderness around the trochanter and into the groin, painful and restricted range of motion, and joint weakness with difficulty mobilizing due to pain. The current medications are Norco. There is documentation of ongoing treatment with Norco since at least 4- 15-2015. Treatment to date has included medication management, x-rays, physical therapy (little progress), Magnetic resonance arthrogram, electrodiagnostic testing, and surgical intervention. His current work status was not described. A request for Norco, Mobic, and 12 physical therapy sessions to the hip has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Physical medicine treatment.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG states "Recommended as indicated below. A physical therapy program that starts immediately following hip injury or surgery allows for greater improvement in muscle strength, walking speed and functional score. (Jan, 2004) (Jain, 2002) (Penrod, 2004) (Tsauo, 2005) (Brigham, 2003) (White, 2005) (National, 2003) A weight-bearing exercise program can improve balance and functional ability to a greater extent than a non-weight-bearing program. (Expert, 2004) (Binder, 2004) (Bolglia, 2005) (Handoll, 2004) (Kuisma, 2002) (Lauridsen, 2002) (Mangione, 2005) (Sherrington, 2004) Patients with hip fracture should be offered a coordinated a multidisciplinary rehabilitation program with the specific aim of regaining sufficient function to return to their pre-fracture living arrangements. (Cameron, 2005) A physical therapy consultation focusing on appropriate exercises may benefit patients with OA, although this recommendation is largely based on expert opinion. The physical therapy visit may also include advice regarding assistive devices for ambulation. (Zhang, 2008) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense physical therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. (Larsen, 2008) Behavioral graded activity (BGA) is an individually tailored exercise program in which the most difficult physical activities are gradually increased over time and the exercises are specifically designed to improve impairments limiting the performance of these activities. In the long-term, both BGA and usual PT care were associated with beneficial effects in patients with hip and knee OA. In patients with knee OA, there were no between-group differences at short-, mid-long, and long-term follow-up. In contrast, patients with hip OA had significant differences favoring BGA. (Pisters, 2010) For patients with hip replacement, earlier and more intensive rehabilitation was associated with better outcomes. (Dejong, 2009) The most successful hip fracture PT programs involve more intensive exercise, but PT is often prescribed in doses and modalities that are insufficient to generate physiological adaptation. The potential risks of more intensive physical therapy appear to be minimal. (Stott, 2011) A Cochrane review on in restoring mobility after hip fracture surgery provides limited guidance, with inconsistent results from various trials. Some trials found improved mobility from a two-week weight-bearing program, a quadriceps muscle strengthening program and electrical stimulation aimed at alleviating pain. There was no significant improvement in mobility from a treadmill gait retraining program, 12 weeks of resistance training, and 16 weeks of weight-bearing exercise. Of two trials evaluating more intensive physical therapy regimens, one found no difference in recovery, and the other reported a higher level of dropout in the more intensive group. Started soon after hospital discharge, two trials found improved outcome after 12 weeks of intensive physical training and a home-based physical therapy program. Begun after completion of standard physical therapy, one trial found

improved outcome after six months of intensive physical training, one trial found increased activity levels from a one year exercise program, and one trial found no significant effects of home-based resistance or aerobic training. Another trial found improved outcome after home-based exercises started around 22 weeks from injury, and a trial found home-based weight-bearing exercises starting at seven months produced no significant improvement in mobility. (Handoll, 2011) ODG Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Sprains and strains of hip and thigh (ICD9 843):9 visits over 8 weeks; Post-surgical treatment, arthroplasty/fusion, hip: 24 visits over 10 weeks". The medical documentation provided indicate this patient attended physical therapy post-surgically. The documents provided do not indicate any functional improvement from this therapy to warrant additional therapy as outlined in the guidelines above. As such, the request for Physical therapy 2 times a week for 6 weeks for the hip is not medically necessary.

Mobic 15mg, #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam, NSAIDs Page(s): 61, 67-68.

Decision rationale: MTUS states "Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. See NSAIDs." MTUS guidelines for NSAIDs are divided into four usage categories: Osteoarthritis (including knee and hip), Back Pain- Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, and Neuropathic pain. Regarding "Osteoarthritis (including knee and hip)," medical records indicate that the patient is being treated for osteoarthritis, which is the main indication for meloxicam. Regarding "Back Pain- Acute exacerbations of chronic pain", MTUS recommends as a second-line treatment after acetaminophen. Medical records do not indicate that the patients has "failed" a trial if Tylenol alone. Regarding "Back Pain - Chronic low back pain", MTUS states, "Recommended as an option for short-term symptomatic relief." The medical records indicate that the patient complains of side effects with the use of this medication and it has been discontinued. It is unclear why additional Mobic is being requested. As such, the request for Mobic 15mg, #30 with 2 refills is not medically necessary at this time.

Norco 10/325mg, 1 tablet by mouth every 4-6 hours as needed for pain, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for hip pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325mg, 1 tablet by mouth every 4-6 hours as needed for pain, #60 is not medically necessary.