

Case Number:	CM15-0160306		
Date Assigned:	08/26/2015	Date of Injury:	10/26/2014
Decision Date:	10/20/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female who sustained an industrial injury on October 26, 2014. A recent primary treating office visit dated July 10, 2015 reported subjective complaint of low back, right hip and knee pain. Of note, on March 18, 2015 she underwent right hip core decompression and has been participating in physical therapy utilizing a cane to ambulate. Current medication regimen consisted of: Motrin, and Trazadone. The primary treating diagnosis is: aseptic necrosis of right hip. The plan of care is with recommendation to continue Motrin and Trazadone and physical therapy sessions. At primary treating follow up dated Jun 05, 2015 reported the worker status post hip core decompression, right, using crutches for weight bearing as tolerated. There is note of the worker having received home physical therapy and consultation recommending outpatient physical therapy to continue. A 2nd treating diagnosis of low back pain noted added to the list.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of physical therapy for the hips: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127 Key points for this review are: this claimant was injured in 2014. As of July 2015, there was still low back, right hip and knee pain. In March, she underwent a right hip core decompression and has been participating in physical therapy. She uses a cane to ambulate. The diagnosis was aseptic necrosis of the right hip. There patient does home physical therapy. Objective, functional improvements out of the prior formal therapy is not noted. The MTUS does permit physical therapy in some chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient." Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy is not medically necessary.