

<b>Case Number:</b>	CM15-0218632		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	04/17/2003
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68 year old female who sustained an industrial injury on 04/17/2003 to her spine, hips, buttocks, and knees. In the provider notes of 10-19-2015, the worker complains of weakness in the right hip region stating she feels like she is "walking lop-sided" with the left hip area higher than the right. She feels she walks with a limp favoring the right side. She also complains that the change in her gait and posture has caused pain and stiffness in the lower back region. The pain is described as a constant, deep ache radiating across her waistline and tightness that "hurts like hell" with occasional "shooting" pains down the side of the right leg to the lower leg. On a scale of 1-10 severity, the pain is described as a 2-3 at rest, 6 on a scale of 1-10 at home or during normal daily activities, 8 on a scale of 1-10 at work following periods of prolonged standing. She awakens 3-4 times nightly with pain. She is unable to bend over to put on shoes and socks due to increased low back pain. She complains of constant numbness bilaterally in lower extremities from groin to knee level and pain with hypersensitivity to pressure in anterior lower legs bilaterally. She has weakness and numbness in the right foot, and her pain is aggravated by repetitive bending at the waist, squatting, activities of daily living, transferring from a sitting or standing position to lying down or vice versa. Relieving factors include Ibuprofen, but she is cautious secondary to GI bleeding. Objective findings are an inability to heel or toe walk, restricted flexion with a noted increase in lower back pain right greater than left, and extension moderately restricted. Palpation revealed hyper-sensitivity in the piriformis muscle bilaterally, down the posterior thigh, in the posterior knee fossa, and in the bilateral calves. There was hypersensitivity to digital pressure over T1-T12 and L1-S1 spinal segments of the lumbar paraspinal musculature bilaterally. Thoraco-lumbar paraspinal muscle spasm is present bilaterally with associated trigger points. The treatment plan was for conservative chiropractic care to

address acute pain and spasm. A request for authorization was submitted for: 1. Chiropractic care with Specific Manual Manipulation, McKenzie Protocol, Pain Modulation, Ultrasound, 18 sessions. 2. Physical Therapy course specific to spine, hip and lower extremity training, 24 sessions. A utilization review decision 11-04-2015 denied both requests.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Chiropractic care with Specific Manual Manipulation, McKenzie Protocol, Pain Modulation, Ultrasound, 18 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** Based on the 10/19/15 progress report provided by the treating physician, this patient presents with chronic right hip pain radiating into her right buttock, right groin, and down the right thigh to the knee along with chronic numbness in the right hip, right groin/thigh, down to the right foot/toes. The treater has asked for Chiropractic care with Specific Manual Manipulation, McKenzie Protocol, pain modulation, ultrasound, 18 sessions on 10/19/15. The patient's diagnoses per request for authorization dated 10/17/15 are lower back pain, lumbar neuritis/radiculitis, lower extremity weakness, myalgia, presence of artificial hip joint bilaterally, post laminectomy lumbar region. The patient also has low back pain rated 2-3/10 at rest, 6/10 doing normal activities, and 8/10 at work following periods of prolonged standing. The patient is s/p lumbar fusion from 2009, left hip replacement from 2010 per 10/19/15 report. The patient is s/p right hip replacement from January of 2015 per 6/17/15 report. The patient is also s/p right ankle fracture which occurred during rehabilitation for hip replacement, and lengthened the rehabilitation period to 4-5 months as she was placed in a walking boot per 10/19/15 report. The patient also has weakness in the right hip region and feels like she's walking "lop-sided" with left hip area higher than the right per 10/19/15 report. The patient is currently retired and temporarily totally disabled for 3 months after the total hip arthroplasty per 9/12/14 report. MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. Per requesting 10/19/15 report, the treater is requesting "conservative chiropractic care to address acute pain and spasm to include: specific manual spinal manipulation to address segmental dysfunction, McKenzie protocol lumbar exercises, pain modulation (transcutaneous neurostimulation), ultrasound therapy, myofascial/trigger point therapy. Treatment 3xs per week for 4-6 weeks, regular re-evaluation to determine the need for ongoing acute care." Utilization review letter dated 11/4/15 denied request due to lack of documentation of a flare-up or a recent loss of functional capacity. Physical examination from the 10/19/15 report revealed range of motion moderately restricted in all planes, and positive straight leg raise test. As there is no documentation of prior chiropractic treatments, this appears to be a request for initiating chiropractic care. While a trial of 6 visits would be indicated, the current request for 18 initial chiropractic sessions would exceed what is recommended by MTUS guidelines. Therefore, the request is not medically necessary.

**Physical Therapy course specific to spine, hip and lower extremity training, 24 sessions:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Hip, Pelvis and Thigh (femur).

**Decision rationale:** Based on the 10/19/15 progress report provided by the treating physician, this patient presents with chronic right hip pain radiating into her right buttock, right groin, and down the right thigh to the knee along with chronic numbness in the right hip, right groin/thigh, down to the right foot/toes. The treater has asked for Physical therapy course specific to spine, hip and lower extremity training, 24 sessions on 10/19/15. The patient's diagnoses per request for authorization dated 10/17/15 are lower back pain, lumbar neuritis/radiculitis, lower extremity weakness, myalgia, presence of artificial hip joint bilaterally, post laminectomy lumbar region. The patient also has low back pain rated 2-3/10 at rest, 6/10 doing normal activities, and 8/10 at work following periods of prolonged standing. The patient is s/p lumbar fusion from 2009, left hip replacement from 2010 per 10/19/15 report. The patient is s/p right hip replacement from January of 2015 per 6/17/15 report. The patient is also s/p right ankle fracture which occurred during rehabilitation for hip replacement, and lengthened the rehabilitation period to 4-5 months as she was placed in a walking boot per 10/19/15 report. The patient also has weakness in the right hip region and feels like she's walking "lop-sided" with left hip area higher than the right per 10/19/15 report. The patient is currently retired and temporarily totally disabled for 3 months after the total hip arthroplasty per 9/12/14 report. MTUS Postsurgical Treatment Guidelines, Hip, Pelvis, Femur section, pg. 23-25 states: Arthropathy, unspecified (ICD9 716.9): Postsurgical treatment, arthroplasty/fusion, hip: 24 visits over 10 weeks. Postsurgical physical medicine treatment period: 4 months. MTUS Post-Surgical Treatment Guidelines, Section on Knee, pg. 24, 25. Fracture of tibia and fibula (ICD9 823): Postsurgical treatment (ORIF): 30 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The treater is requesting "a course of specific spine, hip and lower extremity training (strength and stabilization) to re-address the de-conditioning of the related support structures and localized weakness. This will include specific balance and strength training as it relates to the patient's antalgic gait and balance issues. Therapy 3x/week for 6-8 weeks, regular re-evaluation to determine the need for ongoing care" per 10/19/15 report. The patient is s/p right ankle fracture which occurred within 3 days after a 1/8/15 hip replacement, while patient was still hospitalized according to a physical therapy report dated 4/24/15. Per utilization review letter dated 11/4/15, the request was denied due to a lack of documentation of a flare-up or a recent loss of functional capacity. The patient had 34 physical therapy sessions but "eventually stopped going to therapy because she did not feel she was progressing" per 10/19/15 report. In this case, the patient is outside the MTUS postsurgical physical medicine treatment period of 4 months for total hip arthroplasty, and of 6 months for the right ankle fracture. MTUS only allows for 8-10 sessions in non-operative cases and the current request for 24 sessions exceeds guideline recommendations. Hence, the request is not medically necessary.