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| Case Number: | CM15-0081039 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 10/21/2014 |
| Decision Date: | 06/05/2015 | UR Denial Date: | 04/10/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 56 year old male, who sustained an industrial injury on October 21, 2014. He reported a loss of consciousness, a forehead wound, right forearm pain, and right hip pain radiating down to the right knee. The injured worker was initially diagnosed as having a concussion with brief loss of consciousness, open scalp wound, and contusions of the right hip and right forearm. Initial treatment included scalp wound care and a diphtheria/tetanus injection. He is currently diagnosed as having a closed acetabulum fracture and fall from a ladder. Diagnostics to date has included x-rays of the left hip. Treatment to date has included work modifications, partial weight bearing with a walker, a cane, pain medications, and physical therapy. On February 15, 2015, the injured worker complains of continued pain with walking or standing greater than 4 hours. He needs his pain medication on a regular basis. The physical exam revealed right hip extension/flexion = 0/120, external rotation/internal rotation = 30/0, pain with extremes of range of motion, and a Trendelenburg gait. The treatment plan includes continuing physical therapy as prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times three pelvis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient has been receiving treatment with physical therapy. There is no documentation of the number of treatments received or objective evidence of functional benefit. The lack of documentation does not allow determination of efficacy. The request is not medically necessary.