

Case Number:	CM15-0089869		
Date Assigned:	05/14/2015	Date of Injury:	03/16/2015
Decision Date:	06/17/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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, New York, 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 applicant is a represented 68-year-old [REDACTED] employee who has filed a claim for hip pain reportedly associated with an industrial injury of March 16, 2015. In a Utilization Review report dated April 30, 2015, the claims administrator denied a request for home physical therapy and a junior front-wheeled walker. The applicant was status post a hip ORIF surgery of April 4, 2015, it was suggested. An RFA form dated April 15, 2015 was referenced in the determination. The claims administrator cited the MTUS Chronic Pain Medical Treatment Guidelines on home health services, despite the fact that this was not a chronic pain case as of the date of the request. Non-MTUS Medicare Guidelines were invoked to deny the walker. The applicant's attorney subsequently appealed. In a work status report dated May 18, 2015, the applicant was returned to sedentary work only. On March 15, 2015, the applicant was placed off of work, on total temporary disability. In Patient Instructions dated April 10, 2015, the applicant's orthopedist seemingly instructed the applicant to remain partially weight bearing for the next four weeks. On April 3, 2015, the applicant was described as having a visibly antalgic and guarded gait. The applicant was placed off of work, on total temporary disability, on this date, following surgery for an impacted femoral neck fracture, it was suggested (but not clearly stated). A discharge summary dated April 7, 2015 suggested that the applicant was admitted during the dates April 3, 2015 through April 7, 2015. The applicant was described as having undergone an uncomplicated hip pinning procedure on April 4, 2015. The applicant was discharged on Norco. It was stated that the applicant needed to remain partially weight bearing

through the aid of a walker. Unspecified amounts of home health physical therapy were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health physical therapy (no frequency specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Postsurgical Treatment Guidelines.

Decision rationale: No, the request for home health physical therapy in unspecified amounts, quantity, and duration was not medically necessary, medically appropriate, or indicated here. While the MTUS Postsurgical Treatment Guidelines in Section 9792.24.3 do support an overall course of 24 sessions of physical therapy over four months following surgery for a fractured neck of the femur, as seemingly transpired here, this recommendation is qualified by commentary made in MTUS 9792.24.3.a2 to the effect that an initial course of therapy represents one half of the number of visits specified in the general course of the therapy for the surgery in question. The MTUS Guidelines in ACOEM Chapter 3, page 48 stipulates that it is incumbent upon an attending provider to furnish a prescription for physical therapy which "clearly states treatment goals." Here, by definition, the attending provider's request for home-based physical therapy in unspecified amounts, quantify, and duration did not clearly state or clearly articulate treatment goals. Here, thus, the request for an unspecified amount, quantity, and duration of physical therapy was at odds with both the Postsurgical Treatment Guidelines in MTUS 9792.24.3.a2 and with the MTUS Guideline in ACOEM Chapter 3, page 48. While this was, strictly speaking, a postoperative request/perioperative request as opposed to an acute injury, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in Section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since the MTUS Guideline in ACOEM Chapter 3, page 48 did address the topic of incomplete and/or incongruous requests, it was therefore invoked in conjunction with the Postsurgical Treatment Guidelines here.

Junior front wheel walker: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Centers for Medicare & Medicaid Services.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377, Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation 158 ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Hip and Groin Disorders CANES AND CRUTCHES Recommendation: Canes and Crutches for Moderate to Severe Acute, Subacute, or Chronic Hip or Groin Pain Canes and crutches are recommended for moderate to severe acute hip or groin

pain or subacute and chronic hip or groin pain where the device is used to advance the activity level. Indications Moderate to severe acute hip or groin pain or subacute or chronic hip or groin pain. Strength of Evidence Recommended, Insufficient Evidence (I) Rationale for Recommendation For acute injuries, crutches and canes may be helpful during the recovery and/or rehabilitative phase to increase functional status (e.g., from wheelchair to walker to cane).

Decision rationale: Conversely, the request for a junior front-wheeled walker was medically necessary, medically appropriate, and indicated here. While the MTUS does not address the topic of front-wheeled walkers following hip fractures, as was sustained here, the MTUS Guideline for a proximate body part, the ankle, notes in ACOEM Chapter 14, Table 14-6, page 377 that full activity in the presence of acute trauma is "not recommended." Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines notes that power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through the usage of a cane, walker, and/or manual wheelchair. Finally, the Third Edition ACOEM Guidelines Hip and Groin Chapter notes that wheelchairs, walkers, canes, crutches, and the like may be helpful for acute injuries during the recovery and/or rehabilitative phase to increase functional status. Here, the applicant was described as having sustained a relatively major injury, a hip fracture. The applicant was semi-ambulatory upon discharge from the hospital. Provision of a walker was indicated for postoperative use purposes to advance the applicant's activity level. Therefore, the request was medically necessary. As with the preceding request, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in Section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since both ACOEM Chapter 14, Table 14-6, page 377 and page 99 of the MTUS Chronic Pain Medical Treatment Guidelines obliquely address the request at hand, they were therefore invoked, along with a non-MTUS Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Hip and Groin Chapter.