

Case Number:	CM13-0030950		
Date Assigned:	12/04/2013	Date of Injury:	03/20/2013
Decision Date:	01/23/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old 5'7", 207 pound male that sustained an industrial injury on 03/20/13. According to the reports submitted by [REDACTED] (7/11/13 - 10/3/13), the patient's diagnoses include: lumbar radiculopathy; right greater trochanteric bursitis; hypertension out of control due to orthopedic condition and taking non-steroidal anti-inflammatories; sleep disorder; and gastropathy secondary to taking non-steroidal anti-inflammatory medications. The request before me is for PT 3x4 for back and right hip, total of 12, which was denied 9/19/13. The patient has already received 12 PT sessions, two 3x2 courses, since his DOI (Date of Injury).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks for back and right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 98-99.

Decision rationale: California Chronic Pain Medical Treatment Guidelines, recommends active therapy that includes a transition to home exercise by the patient, which when compared to

passive therapy results in "fewer treatment visits, cost less, and has less pain and less disability" (p.98-99). MTUS provides that for diagnoses including neuralgia, neuritis, and radiculitis that 8-10 physical therapy visits is appropriate with "fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine" (p. 98-99). There is no evidence found in the progress reports provided by [REDACTED] (7/11/13 - 10/3/13) or the treatment notes by the physical therapist that a California Chronic Pain Medical Treatment Guidelines supportable treatment objective was established (p. 8), such as engaging the patient in active therapy and teaching him the exercises and stretches necessary to move toward an independent state in managing his pain and functional status (p. 98-99). Unfortunately, the patient has already received more than the 8-10 visits recommended by California Chronic Pain Medical Treatment Guidelines. Therefore, request for physical therapy 3 times a week for 4 weeks for back and right hip is not medically necessary or appropriate.