

<b>Case Number:</b>	CM14-0094850		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/22/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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 40-year-old male who has submitted a claim for closed fracture of acetabulum; trigger finger; low back syndrome; lumbar/lumbosacral disc degeneration; hip arthralgia; and hand arthralgia associated with an industrial injury date of 09/22/13. Medical records from 2014 were reviewed. Patient was a truck driver who was involved in a truck accident on 09/22/13. Patient sustained fracture of the acetabulum, left, as well as 7 fractures of the rami and 18 fractures in the spine. Patient underwent ORIF of the left hip on 09/23/13. Interval history showed patient had around 6-9/10 central low back pain, spine "locks up" in the morning, spontaneous "twitching" of the trunk, intermittent numbness and tingling from the belly button to toes on both feet aggravated by exercise, walking, sitting, coughing and bending forwards/backwards, relieved by lying down and intake of medications. Patient also had complaints of pain in the right hand from using a cane to ambulate. There was note of good healing of the pelvic fracture and left hip. 05/05/14 progress report showed patient had no right hand complains, with improvements in the left hip symptoms, with only occasional hip stiffness. Low back pain however has increased and radiates into the lower extremities with severe leg cramping. On physical examination, patient ambulates with a cane, there was diffuse paravertebral tenderness with spasm of the lumbar spine, straight leg raising negative bilaterally with range of motion at 80 degree flexion and 20 degree extension. Left hip examination showed tenderness at the area of the left greater trochanter, negative for Faber and Fadire tests with 5/5 motor strength with no noted sensory deficits. Plan was to continue conservative treatment, topical analgesics, stretch and strength home exercise program, OTC analgesics, lumbar corset, physical therapy and medications with suggested follow-up after 6 weeks. Treatment to date has included surgery, physical therapy since at least 01/07/14 and aquatic therapy since at least 01/10/14 and medications (Voltaren gel, Cyclobenzaprine and Vicodin since at least 2/14/14).

Utilization review from 06/04/14 denied the request for 8 physical therapy visits for the left hip and 8 aquatic therapy visits for the left hip. It was assessed to be not medically necessary since there was no documentation of exceptional indications for therapy extension and reasons why a prescribed independent home exercise program would be insufficient to address any remaining functional deficits. Likewise, intolerance to land based therapy has not been documented, non-applicability to a prescribed and self-administered program has not been documented to necessitate the need for aquatic therapy.

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

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

#### **8 Physical Therapy Visits for the Left Hip: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient underwent ORIF of the left hip on 09/23/13. Patient has had physical therapy since at least 01/07/14 according to the submitted records. There were no submitted documentation with regards to the physical therapy visits during the recommended 4 months of post-surgical physical medicine treatment period. There was no documentation of the previous physical therapy visits and there was no description regarding objective benefits derived from these sessions or a treatment plan with defined functional gains and goals to gauge the patient's response to the said treatment. It was also not documented why additional physical therapy is needed after the recommended physical medicine treatment period. Recent progress reports did not document any acute exacerbation or flare-up of symptoms. Patient is also expected to be well-versed in a self-directed home exercise program by now. Therefore, the request for 8 physical therapy visits for the left hip is not medically necessary.

#### **8 Aquatic Therapy Visits, Left Hip: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** As stated on pages 22 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, although patient underwent a trial of land-based therapy which was not progressing as well as expected, there is no documentation regarding body mass index that may warrant water-based therapy. There is also no documentation stating the need for reduced weight bearing. The medical necessity of this therapy has not been established. Therefore, the request for 8 Aquatic Therapy visits for the left hip is not medically necessary.