

Case Number:	CM14-0085179		
Date Assigned:	07/23/2014	Date of Injury:	02/06/2005
Decision Date:	05/28/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/07/2014

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. 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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 82 year old female sustained an industrial injury to the left hip and low back on 2/6/05. Previous treatment included magnetic resonance imaging, electromyography, lumbar fusion, physical therapy, facet joint blocks, trochanteric bursa injections and medications. In a PR-2 dated 5/29/14, the injured worker complained of increasing left hip pain. X-rays taken during the office visit showed no arthritis in the left hip. Physical exam was remarkable for point tenderness over the greater trochanter. The physician noted that the injured worker had received at least two trochanteric bursa injections. The injured worker's pain had not improved despite conservative care. Current diagnoses included left trochanteric bursitis. The treatment plan included excision of trochanteric bursa with associated surgical services including postoperative cold therapy unit and 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES CONTINUOUS-FLOW CRYOTHERAPY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs. (http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: According to ODG guidelines Cold/heat packs, "Recommended. Ice massage compared to control had a statistically beneficial effect on ROM, function and knee strength. Cold packs decreased swelling. Hot packs had no beneficial effect on edema compared with placebo or cold application. Ice packs did not affect pain significantly compared to control in patients with knee osteoarthritis. (Brosseau-Cochrane, 2003) (Hubbard, 2004) See also Continuous-flow cryotherapy." The patient was recently approved for surgery and she could benefit from hot/cold therapy, however the duration of the therapy should be predetermined and should not exceed 7 days without documentation of efficacy. The provider should document the duration of the therapy and the rationale behind the request. Therefore, the request for COLD THERAPY UNIT is not medically necessary.

12 POST OP PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE AND LEG (ACUTE AND CHRONIC).

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

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus

36.5% for passive treatment. (Fritz, 2007)." The patient was approved for surgery and her condition may require physical therapy. However the duration of physical therapy should not exceed 7 days without documentation of functional improvement. Therefore, the request for 12 POST OP PHYSICAL THERAPY SESSIONS are not medically necessary.

X-RAY OF THE LEFT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Ray <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, hip X ray "Recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. (Gossec, 2009) (Reijman, 2005) (Conrozier, 2001) Although the diagnostic performance of the imaging techniques (plain radiography, arthrography, and bone scintigraphy) was not significantly different, plain radiography and bone scintigraphy are preferred for the assessment of a femoral component because of their efficacy and lower risk of patient morbidity. (Temmerman, 2005) X-rays are not as sensitive as CT in detection of subchondral fractures in osteonecrosis of the femoral head. (Stevens, 2003) (Stumpe, 2004) Plain radiographs are usually sufficient for diagnosis of hip fracture as they are at least 90% sensitive. Standard radiographic hip imaging includes antero-posterior (AP) pelvic projection with dedicated AP and cross-table lateral projections of the affected hip. Conventional estimates have put the sensitivity of these projections for hip fracture between 90% and 98%. (Cannon, 2009) This study highlights the limitations of radiography in detecting hip or pelvic pathologic findings, including fractures, as well as soft-tissue pathologic findings. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. (Kirby, 2010)" There is no documentation of that the patient is suspected of having osteoarthritis of hip fracture. Therefore, the request for hip X ray is not medically necessary.