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| Case Number: | CM15-0067540 | | |
| Date Assigned: | 04/15/2015 | Date of Injury: | 09/24/2013 |
| Decision Date: | 05/18/2015 | UR Denial Date: | 03/10/2015 |
| Priority: | Standard | Application Received: | 04/09/2015 |

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 75-year-old male, who sustained an industrial injury on September 24, 2013. He has reported right hip pain. Diagnoses have included osteoarthritis of the right hip, right hip degenerative joint disease, and right hip labral tear. Treatment to date has included injections, physical therapy, use of a cane, and imaging studies. A progress note dated February 11, 2015 indicates a chief complaint of right hip pain that is improved after a recent injection. The injured worker notes that the hip feels unstable and weak. The treating physician documented a plan of care that included physical therapy for the pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x a week for 6 weeks for the pelvic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Hip Pelvis, Physical Medicine Treatment.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks." The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." ODG Physical Medicine Guidelines; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). Also, see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Sprains and strains of hip and thigh (ICD9 843): 9 visits over 8 weeks. Dislocation of hip (ICD9 835): 9 visits over 8 weeks. Fracture of neck of femur (ICD9 820): Medical treatment: 18 visits over 8 weeks. Post-surgical treatment: 24 visits over 10 weeks. Fracture of pelvis (ICD9 808): Medical treatment: 18 visits over 8 weeks. Post-surgical treatment: 24 visits over 10 weeks. Osteoarthritis and allied disorders (ICD9 715): Medical treatment: 9 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment: 18 visits over 12 weeks. Arthropathy, unspecified (ICD9 716.9): Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment, arthroplasty/fusion, hip: 24 visits over 10 weeks. Piriformis syndrome (ICD9 355.0): Medical treatment: 9 visits over 8 weeks. Work conditioning (See also Procedure Summary entry): 9 visits over 8 weeks. In addition, active self-directed home PT may include Simple Hip-Strengthening Exercises: Hip-flexors; Standing beside a chair, without bending at the waist, bend one knee up as close to chest as possible. Lower leg to floor. Repeat with other leg. Hip abductors; Standing erect and holding onto the back of a chair, without bending at the waist or knee, move one leg straight out to the side, making sure that the toes point forward. Lower the leg and repeat on other side. Hip-extensors; Stand holding onto the back of a chair, and bend forward about 45 degrees at the hips. Lift one leg straight out behind you as high as possible without bending the knee or moving the upper body. Lower leg and repeat on other side. The documentation submitted for review indicates that additional physical therapy was requested for the injured worker's arthritis. However, it is noted that physical therapy has already been completed. Without documentation of new indications or functional improvement, further physical therapy is not medically necessary.