

Case Number:	CM15-0096014		
Date Assigned:	05/22/2015	Date of Injury:	11/24/2010
Decision Date:	06/30/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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
 Certification(s)/Specialty: Emergency 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 injured worker is a 53 year old female with an industrial injury dated 11/24/2010. The injured worker's diagnoses include cervical pain, muscle spasm, shoulder pain and hip pain. Treatment consisted of multiple Magnetic Resonance Imaging (MRI) scans of the neck, back and shoulder, x-rays of the hip, Electromyography (EMG)/Nerve conduction velocity (NCV) studies of the bilateral upper and lower extremities, prescribed medications, physical therapy in 2012, acupuncture treatment in 2012, transcutaneous electrical nerve stimulation (TENS) unit, home exercise therapy, psychotherapy and periodic follow up visits. In a progress note dated 4/08/2015, the injured worker reported pain in her neck, lower back, right shoulder, right arm, right elbow, right hand and right hip. Objective findings revealed restriction of cervical range of motion limited by pain, hypertonicity and spasm on right side of paravertebral muscles, trigger point with radiating pain and twitch response at cervical paraspinal muscles on right trapezius muscle. Hip exam revealed tenderness over the trochanter and a positive Faber test. The treating physician prescribed services for physical therapy 2 x 3 week, hip, 6 Sessions now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 3 week, Hip, 6 Sessions: Overturned

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

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

Decision rationale: The request is for physical therapy 2 x 3 weeks, hip, 6 sessions total. Active therapy is recommended as an option for treatment of chronic pain. 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. 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. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. For conditions representing myalgia or myositis, such as the conditions of the injured worker, the MTUS guidelines support 9-10 sessions of physical therapy over 8 weeks. Per the treating physician note from 4/18/2015, the injured worker was originally treated with 7 sporadic sessions of physical therapy after the initial injury in 2010. The treating physician has only recently assumed care of the injured worker. The documentation notes pain to the right hip. The request is for 6 sessions of physical therapy to ascertain response, with the plan for intra-articular injection if no improvement with physical therapy. The injured worker was noted to have mild to moderate improvement in pain and function with the initial course of physical therapy. The treating physician cannot clearly delineate the current status to be the baseline level of chronic pain, or if it is a new, acute exacerbation of chronic pain. The plan for 6 sessions of physical therapy would be supported by the MTUS guidelines for the treatment of an acute exacerbation of chronic pain. Given the possibility that the new treating physician is encountering an acute exacerbation of chronic pain, and in order to facilitate full assessment of response to active intervention prior to the possibility of invasive intervention, the request as written is supported by the MTUS guidelines and is therefore medically necessary.