

<b>Case Number:</b>	CM16-0235869		
<b>Date Assigned:</b>	12/13/2016	<b>Date of Injury:</b>	10/27/2016
<b>Decision Date:</b>	01/18/2017	<b>UR Denial Date:</b>	11/30/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2016

### 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: Texas, New York

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Sports 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 case involves a now 55-year-old male with a history of occupational claim from 10/27/2016. The mechanism of injury is detailed as a trip and fall. The current diagnoses are documented is other specific injury of the muscle, fascia, tendon of the right hip. Past treatments included therapy and medications. A physical therapy initial examination performed on 11/2/2016 documented patient complained of right hip, low back, and head pain rated at a 7. The physical examination of the right hip reveals flexion at 91°, extension 5° abduction 30°, internal rotation 10°, external rotation at 45°, and abduction within normal limits. Motor strength was noted to be 4 out of 5 in the lower extremity. Patient had hypersensitivity the right mid anterior thigh distal inner thigh at the L1-L3. The treatment plan included additional physical therapy. An updated physical therapy note performed on 11/21/2016 documented the patient complained of right hip pain rated 2-3 out of 10 with reported overall improvement with physical therapy. A physical examination with a 50 measurable values is not noted. The post course physical therapy assessment was also noted for review. On 11/22/2016 the patient complained of right hip pain and is requesting more physical therapy sessions. The physical examination the right hip revealed normal range of motion without discomfort upon flexion, extension abduction. Abduction was noted to be at 20° abnormal the treatment plan included additional physical therapy for the hip. A request for authorization was submitted on 11/23/2016 for physical therapy. The request was previously reviewed on 11/30/2016. The requested additional physical therapy was previously denied due to lack of evidence the patient is unable to continue

improving in a home exercise program and lack of a thorough physical examination or evidence of significant deficits to support ongoing physical therapy.

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

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

#### **Four sessions of physical therapy two times a week times 2 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

**Decision rationale:** According to California MTUS 2016 Chronic Pain Guidelines, physical medicine may be recommended in the treatment of unspecified neuralgia, neuritis, and radiculitis at 8-10 visits over 4 weeks or unspecified myalgia and myositis at 9-10 visits over 8 weeks in order to promote functional improvement. Guidelines also state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels and continued visits are contingent upon objective improvement. In addition, active therapies are recommended over passive therapies. The patient was noted to have right hip pain. The patient was noted to have had prior physical therapy. However, there was lack of documentation indicating the total number of sessions completed to date or any objective functional improvement. There was also lack of a clear rationale for additional monitored therapy over the patient being well versed in a home exercise program. The request as submitted also failed to specify a body part for treatment. Based on the above, the request is not medically necessary.

#### **Four sessions of electrical stimulation two times a week times 2 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): TENS, chronic pain (transcutaneous electrical nerve stimulation).

**Decision rationale:** According to California MTUS 2016 Chronic Pain Guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Furthermore, the guidelines state other ongoing pain treatment should also be documented during the trial period including medication usage. The patient was noted to have right hip pain. The patient was noted to have had prior physical therapy. However, there was lack of documentation indicating the total number of sessions completed to date or any objective functional improvement. There was also lack of a clear

rationale for additional monitored therapy over the patient being well versed in a home exercise program. The request as submitted also failed to specify a body part for treatment. Based on the above, the request is not medically necessary.

**Four sessions of infrared therapy two times a week times 2 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Thermography (infrared stress thermography).

**Decision rationale:** According to the California MTUS 2016 Chronic Pain Guidelines, Thermography (infrared stress thermography) is not recommended. There is insufficient evidence to support the routine use of thermography for diagnosis of CRPS. The patient was noted to have right hip pain. The patient was noted to have had prior physical therapy. However, there was lack of documentation indicating the total number of sessions completed to date or any objective functional improvement. There was also lack of a clear rationale for additional monitored therapy over the patient being well versed in a home exercise program. There was lack of clinical documentation or exceptional factors to support the request outside of the guidelines. The request as submitted also failed to specify a body part for treatment. Based on the above, the request is not medically necessary.

**Four sessions of manual therapy two times a week times 2 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

**Decision rationale:** The California MTUS 2016 Chronic Pain Guidelines, recommend chiropractic manipulation (manual medicine) for chronic low back pain if the pain is caused by musculoskeletal conditions. It is recommended for a trial treatment of 4-6 visits over 2 weeks, and evidence of objective functional improvement for a total of up to 16 visits over 6-8 weeks. The patient was noted to have right hip pain. The patient was noted to have had prior physical therapy. However, there was lack of documentation indicating the total number of sessions completed to date or any objective functional improvement. There was also lack of a clear rationale for additional monitored therapy over the patient being well versed in a home exercise program. The request as submitted also failed to specify a body part for treatment. Based on the above, the request is not medically necessary.

**Four sessions of therapeutic exercise two times a week times 2 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

**Decision rationale:** According to California MTUS 2016 Chronic Pain Guidelines, physical medicine may be recommended in the treatment of unspecified neuralgia, neuritis, and radiculitis at 8-10 visits over 4 weeks or unspecified myalgia and myositis at 9-10 visits over 8 weeks in order to promote functional improvement. Guidelines also state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels and continued visits are contingent upon objective improvement. In addition, active therapies are recommended over passive therapies. The patient was noted to have right hip pain. The patient was noted to have had prior physical therapy. However, there was lack of documentation indicating the total number of sessions completed to date or any objective functional improvement. There was also lack of a clear rationale for additional monitored therapy over the patient being well versed in a home exercise program. The request as submitted also failed to specify a body part for treatment. Based on the above, the request is not medically necessary.

**Four sessions of biofeedback two times a week times 2 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Biofeedback.

**Decision rationale:** According to the California MTUS 2016 Chronic Pain Guidelines, Biofeedback may be considered as an adjunct treatment after 4 weeks of cognitive behavioral therapy. The patient was noted to have right hip pain. The patient was noted to have had prior physical therapy. However, there was lack of documentation indicating the total number of sessions completed to date or any objective functional improvement. There was also lack of a clear rationale for additional monitored therapy over the patient being well versed in a home exercise program. The request as submitted also failed to specify a body part for treatment. Based on the above, the request is not medically necessary.