

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Notice of Independent Medical Review Determination**

Dated: 10/30/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	3/17/2012
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003184

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy, 2-3 times a week for 8 weeks for the hip **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy, 2-3 times a week for 8 weeks for the hip **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013:

#### Clinical History:

The claimant, Ms. [REDACTED] is a [REDACTED] employee, who has filed a claim for chronic hip and knee pain reportedly associated with an industrial injury of 03/17/12.

Thus far, she has been treated with the following: Analgesic medications; left hip arthroscopy and labral repair; transfer of care to and from various providers in various specialties; four sessions of therapy to date; and reported return to restricted duty work.

The most recent progress report of 06/25/13, is notable for comments that the claimant is using a brace, reports persistent knee and hip pain, is doing well after what appears to be somewhere between four sessions and six weeks of treatment, has had recent knee MRI imaging consistent with early chondromalacia, exhibits well-healed incision lines about the hip with fairly well preserved knee and hip

range of motion, exhibits normal knee stability, and receives recommendations to return to modified duty work with a rather proscriptive 2-pound lifting limitation.

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 8/16/13)
- Utilization Review Determination from [REDACTED] (dated 7/30/13)

- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for** physical therapy, 2-3 times a week for 8 weeks for the hip :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision of the Post-Surgical Treatment Guidelines, Hip, Pelvis and Thigh (femur), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Postsurgical Treatment Guidelines, Hip, Pelvis and Thigh (femur), page 24, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 3/17/2012. The medical records submitted for review indicate the employee is currently about seven months status post left hip arthroscopy and labral repair. The employee had six weeks of physical therapy for the hip, but then developed pain so the therapy was stopped. The employee has likely had a minimum of six sessions of physical therapy for the hip, as noted by the claims administrator, but is more likely to have completed 12 post-surgical physical therapy sessions for her hip. The clinical notes do not state how many therapy sessions were completed in total, but the current request is for 2-3 sessions per week for 8 weeks. Older records indicate that the employee has had at least 12 physical therapy sessions previously for the back, and has also had physical therapy for her left knee.

The MTUS Postsurgical guidelines note the post-surgical period is about 4-6 months, and up to 24 sessions of physical therapy are appropriate for the most severe of hip injuries and most invasive surgeries. These physical therapy sessions are also most important immediately following the surgery. The goal of physical therapy is to improve function, but the employee is expected to learn how to apply these exercises at home to continuously improve conditioning as function continues to improve much more gradually when beyond the immediate post-surgical period. The medical records indicate the employee has not completed the strengthening phase of physical therapy since it was interrupted. However, the progress notes do not indicate deficits in strength or function that would indicate additional physical therapy is necessary at this point. The records note the employee to have progressed well following surgery. Furthermore, the number of sessions requested total 16-24 sessions; this number of physical therapy sessions at this point in the employee's post-surgical recovery are not supported by the guidelines. **The request for physical therapy, 2-3 times a week for 8 weeks for the hip is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.