

Case Number:	CM13-0010492		
Date Assigned:	12/11/2013	Date of Injury:	05/16/2012
Decision Date:	03/25/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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/services.

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 patient is a 36-year-old male who reported an injury on 5/16/12; while attempting to restrain a combative arrestee, the patient sustained an injury to the upper left leg. The patient underwent a left hip labral tear debridement on 3/11/13. The patient had 12 sessions of postoperative physical therapy for the hip. The patient was noted to be improving his range of motion, and he indicated that his ability has improved. It was indicated that the patient made some improvement with therapy to date and the physician indicated the patient should have therapy for another two times a week for six weeks. The patient's diagnoses were joint pain in the pelvis and articular cartilage displacement in the pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for continued postoperative physical therapy twice a week for six weeks for the left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

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

Decision rationale: The California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9-10 visits for myalgias and myositis, and 8-10 visits for neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated

that the patient had 12 sessions of postoperative physical therapy. There was no documentation indicating the patient's objective functional deficits that remain to support ongoing therapy. There was lack of documentation of the objective improvement postoperatively. Given the above, the request for continued postoperative physical therapy is not medically necessary.