

Case Number:	CM13-0012860		
Date Assigned:	11/27/2013	Date of Injury:	03/30/2011
Decision Date:	01/28/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/12/2013

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 Family 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 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient has chronic right hip pain. Her date of injury is 3/30/11. She had R hip surgery consisting of right hip arthroscopic trochanteric bursectomy on 3/6/13. She received twelve physical therapy sessions postoperatively. After those sessions, more physical therapy was requested and twelve more visits were approved and provided. Subsequent to those twelve physical therapy sessions, two more were requested and approved. The issue now is an additional request for a third session of twelve post-operative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for right hip lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This patient underwent a surgical trochanteric bursectomy in early March 2013. Over the next four months, the patient received twenty six physical therapy sessions. The guidelines state that for "Synovectomy" post-operative treatment include fourteen visits over three months. The medical documentation does not indicate any indication for more therapy on the basis of functional improvement. The additional twelve physical therapy sessions is not certified.

