MAXIMUS Federal Services

Case Number:	CM13-0016824		
Date Assigned:	12/11/2013	Date of Injury:	08/10/2010
Decision Date:	01/31/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

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 Orthopedic Surger and is licensed to practice in Missouri, Nebraska and Texas. 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 female who reported an injury on 08/10/2010. It was noted that the injury occurred while she was getting out of a police car and felt a twinge of pain in her left hip. The patient was noted to have revision surgery on her left hip on 06/21/2013 which included left hip arthroscopy and labral debridement, arthroscopic femoroplasty, lysis of adhesions, synovectomy, and iliopsoas fractional lengthening. She was noted to have participated in postoperative physical therapy following the procedure and a note dated 08/19/2013 states that the patient had made good progress thus far but was recommended for continued physical therapy 3 times a week for 4 weeks. However, at her appointment on 09/19/2013 it was noted that the patient was doing well following her left hip arthroscopy; however, she reported her knee pain had flared up. There was no physical examination findings noted regarding her hip at that visit. At her 10/07/2013 office visit, it was noted that her hip was under control. Her complaints were regarding her knee and lumbar spine pain. However, a recommendation was made for her to continue physical therapy for the hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 ADDITIONAL POST-OP PHYSICAL THERAPY SESSIONS OF THE LEFT HIP ([redacted]) BETWEEN 8/8/2013 AND 10/8/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California Postsurgical Guidelines, postsurgical treatment is recommended as 14 visits over 3 months following surgery for synovectomy of the hip with the postsurgical physical medicine treatment noted as 6 months. It was noted that the patient was previously approved for 24 visits. The guidelines further state that with documentation of functional improvement, a subsequent course of therapy shall be prescribed after initial course of therapy. If it is determined that initial functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. As the patient's surgery was noted to have been on 06/21/2013, the patient's postsurgical physical medicine period has ended. Additionally, the clinical information submitted for review failed to show objective functional improvement made from her previous postoperative physical therapy visits. With the absence of this documentation and considering the patient has exceeded her postsurgical physical medicine period, the request is not supported. Therefore, the request is non-certified.