

<b>Case Number:</b>	CM13-0018180		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 & Rehabilitation, and is licensed to practice in 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 35-year-old female who reported an injury on 06/19/2012. The mechanism of injury was noted to be a slip and fall. The patient was noted to undergo a repair of a tear of the acetabulum. The patient's diagnosis was noted to be left hip acetabular labral tear status post repair, and the request was made for a physical therapy visit for a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy post op for the left hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated Treatment/Disability Duration Guidelines Hip & Pelvis (Acute & Chronic) and the Physical medicine treatment ODG Physical Medicine Guidelines

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

**Decision rationale:** The MTUS Postsurgical Guidelines recommend 18 postsurgical physical therapy treatments over 12 weeks. There was a lack of submitted documentation indicating the number of sessions that the patient had participated in and the functional benefit that was received. The patient was noted to be postoperative and should have been instructed in a home exercise program prior to the request, according to the recommendations of the Postsurgical Treatment Guidelines. Additionally, the number of sessions per the submitted request was not

provided. Given the above, the request for physical therapy postop for the left hip is not medically necessary and appropriate.