

<b>Case Number:</b>	CM13-0020843		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 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 is a 54-year-old gentleman who was injured in a work related accident on January 22, 2010. The records available for review document diagnoses of bilateral hip osteoarthritis and bilateral carpal tunnel syndrome; they also indicate that, following a course of conservative care for osteoarthritis of the hip, the claimant underwent a left total hip arthroplasty on May 29, 2013. The records report that the claimant attended 22 sessions of physical therapy since the surgery. Postoperative imaging, recent physical examination findings and documentation of other forms of conservative care post-surgically are not noted. This request is for 12 additional sessions of postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST-OPERATIVE PHYSICAL THERAPY OF THE HIPS 3X4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: HIP: PHYSICAL THERAPY

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** According to California MTUS Postsurgical Rehabilitative Guidelines, 12 additional sessions of physical therapy for the claimant's left hip would not be supported. Following hip arthroplasty, the Postsurgical Guidelines recommend up to 24 sessions over a 10-

week period of time with postsurgical physical medicine treatment of four months. This individual has already completed 22 sessions of formal physical therapy. The request for an additional 12 sessions of therapy would exceed the guideline criteria and would not be medically necessary. There is no documentation within the medical records that indicates this claimant's condition would make him an exception to the standard treatment.