

Case Number:	CM13-0027392		
Date Assigned:	12/18/2013	Date of Injury:	12/06/2010
Decision Date:	10/27/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/20/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 59-year-old female with a 12/6/10 date of injury and status post right total hip replacement (date unknown). At the time (8/28/13) of the Decision for physical therapy 2 x week for 6 weeks for right hip, there is documentation of subjective (right hip pain 5/10) and objective (gait and station was abnormal with non-weight bearing on the right, tenderness of the greater trochanter and bursa) findings, current diagnoses (aftercare following surgery of musculoskeletal system and lower back pain), and treatment to date (17 physical therapy visits). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with therapy completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEEK FOR 6 WEEKS FOR RIGHT HIP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 10 weeks and post-surgical physical medicine treatment period of up to 4 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of aftercare following surgery of musculoskeletal system and lower back pain. In addition, there is documentation of status post right total hip replacement and 17 sessions of post-operative physical therapy sessions completed to date. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with therapy completed to date. Furthermore, the requested physical therapy 2 x week for 6 weeks for right hip, in addition to the already completed 17 physical therapy sessions, exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2 x week for 6 weeks for right hip is not medically necessary.