

Case Number:	CM13-0027472		
Date Assigned:	11/22/2013	Date of Injury:	04/21/2008
Decision Date:	01/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/20/2013

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 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:

The patient is a thirty nine year old male who reported an injury on 04/21/2008. The patient is currently diagnosed with rotator cuff syndrome, enthesopathy of the hip, and primary osteoarthritis of the pelvis. The patient was recently seen by [REDACTED] on 09/12/2013. The patient was status post left total hip arthroplasty on 10/09/2012 and status post left hip core decompression on 12/16/2011. Physical examination revealed tenderness at the acromioclavicular joint and teres minor, no effusion or crepitus, positive Neer's and O'Brien's testing, and positive crossover testing. The patient demonstrated 0-100 degree flexion of the left hip with 15 degree internal rotation and 30 degree external rotation. Radiographs obtained in the office indicated no changes to the left hip. Treatment recommendations included continuation of current medications and an additional six sessions of physical therapy to develop a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy times six sessions for the left hip ([REDACTED]):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency from up to three visits per week to one or less, plus active self-directed home physical medicine. As per the clinical notes submitted, the patient underwent left hip decompression in 2011 and a left total hip replacement in 2012. It was noted that the patient did improve with 4 recent physical therapy sessions. However, documentation of the previous course of therapy with treatment efficacy was not provided for review. The patient was approved a substantial amount of physical therapy sessions during the postoperative physical medicine period, and should have received instructions in home exercises to be used daily. The medical necessity for the additional physical therapy sessions has not been established. Based on the clinical information received and the California Medical Treatment Utilization Schedule (MTUS) Guidelines, the request is non-certified.