

Case Number:	CM13-0028148		
Date Assigned:	11/22/2013	Date of Injury:	10/13/2006
Decision Date:	01/21/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/23/2013

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 Illinois. 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 57-year-old male who reported an injury on 10/13/2006. The mechanism of injury is unknown. His diagnoses are lumbosacral disc herniation and status post right total hip arthroplasty. His symptoms include right hip and thoracolumbar spine pain. His note from 11/08/2013 indicates that x-rays were taken of the thoracic and lumbar spine and show a disc herniation at the L5-S1 level and the x-rays of the right hip and femur show progression calcifications in the soft tissues. A request was made for 12 physical therapy visits for the right hip 3 times a week for 4 weeks as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy for the right hip, 3 times a week for 4 weeks, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS Guidelines state that 24 visits of postsurgical physical therapy over 10 weeks is recommended following arthroplasty/fusion of the hip. The postsurgical physical medicine treatment period following this procedure was noted as 4 months.

The patient was shown to be status post total hip replacement; however, the date of surgery is not known, therefore, it is unclear as to whether the treatment dates are within the stated postoperative physical medicine period, or whether general physical therapy recommendations would be more appropriate. Additionally, the objective findings noted in the medical records failed to show functional deficits related to the right hip which would benefit from physical medicine. Therefore, the request is non-certified.