

Case Number:	CM13-0030206		
Date Assigned:	03/19/2014	Date of Injury:	04/21/2008
Decision Date:	05/21/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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:

The patient is years old and has a work injury dated April 21, 2008 when he slipped and fell and hurt his left hip. An MRI of the left hip reveals bilateral hip AVN worse on the left. The patient is status post left hip core decompression on December 6, 2011 and a total hip arthroplasty on October 9, 2012. Documentation indicates that he has had sixteen total post-operative physical therapy (PT) visits in the post op period after his total hip arthroplasty. The four most recent sessions were approved through March 23, 2013. Per documentation he was doing better with left hip range of motion and pain after the core decompression but began having more pain which got worse after July 2012. He can climb stairs, walk for a half an hour, get in and out of cars with less pain. The diagnoses include osteoarthritis of the pelvis, enthesopathy of the hip and rotator cuff syndrome. There is a request for physical therapy for the hip twice per week for three weeks. An office note dated August 15, 2013 which reveals that for the hip patient has improved in PT, but still has some weakness and limited hip flexion. Furthermore the office note states that the patient is limited by his hip and back pain but that he walk further, stand longer in activities of daily living but is still weak and would not be able to return to work in his current state of weakness. The request was for six more PT sessions. A prior left hip x-ray was reviewed and revealed a well placed THA. Physical examination of the hip revealed that the range of motion of the left hip is full extension to 100 degrees of flexion; internal rotation is 15 degrees and external rotation is 30 degrees. The right hip reveals that the range of motion is full extension to 115 degrees of flexion; internal rotation is 10 degrees, and external rotation is 30 degrees. On neurological exam sensation is normal to light touch bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE HIP, TWO (2) TIMES PER WEEK FOR THREE (3) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to the documentation provided, the patient has had sixteen total post-operative therapy visits within the postsurgical period after his total hip arthroplasty on the left. This surgery allows up to 24 visits within the postsurgical period. The chronic pain medical treatment guidelines recommend up to ten visits for this condition. The documentation states that the patient performs a home exercise program. The documentation also states that the patient continues to have pain, and decreased range of motion in his left hip. The documentation indicates subjective improvement in activity of daily living. According to the documentation, the patient has had prior issues with his right hip as well. The patient's request as written is not clear and specific as to which hip the therapy is for. The request for physical therapy for the hip(side not specified), twice per week for three weeks is not medically necessary or appropriate.