

Case Number:	CM13-0043355		
Date Assigned:	12/27/2013	Date of Injury:	09/10/2012
Decision Date:	06/04/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/23/2013

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 Texas. 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 injured worker is a 42 year old female police officer whose date of injury is 9/10/12. She is status post left hip arthroplasty performed on 2/28/13 followed by 18 visits of postoperative physical therapy. Per the office visit note dated 9/26/13, she had a left hip intraarticular steroid injection on 8/20/13, and noticed decreased right groin pain. The injured worker states that her left hip pain and low back pain are much worse. She takes Norco for pain. On physical examination, range of motion of the right/left hip for forward flexion is 90/90. Both hips have positive impingement signs. She has some tenderness to palpation in both SI joints, left more than right. Distally, she is neurovascularly intact. Lab work was recommended to rule out rheumatologic disease, noting that the injured worker may need rheumatologic consultation in the future. It was noted that the injured worker would benefit from another round of 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; TWO TO THREE TIMES PER WEEK TIMES SIX WEEKS FOR THE LEFT HIP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS supports up to 18 visits of postoperative physical therapy following hip arthroscopy, which the injured worker had completed as of 8/9/13. Therefore, the request for post-operative physical therapy 2-3 times per week for six weeks for the left hip would exceed guideline recommendations. There was no documentation of exceptional factors that would allow for straying from guideline recommendations. As such, the request is not medically necessary.

CONSULTATION WITH RHEUMATOLOGIST, EVALUATION FOR BILATERAL SI JOINT PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 503.

Decision rationale: Regarding the request for rheumatologist consultation, the injured worker was certified to undergo lab studies to assess possible rheumatologic condition. The injured worker also was certified for consultation with physical medicine and rehabilitation to assess SI joint pain. The consultation with rheumatologist was premature, considering that there are many lab tests still to be completed to determine if a rheumatologic condition is present that would warrant a consult. As such, the request is not medically necessary.