

<b>Case Number:</b>	CM13-0044425		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/02/2010
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Orthopedic 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:

58 year old male with industrial injury on 9/2/10. Injury to lumbar spine and right hip. Status post right total hip replacement on 5/15/13 with 26 postoperative therapy visits performed. Exam note 8/21/13 demonstrates continued pain and instability. No physical examination documented. Request for 18 additional therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST-OP PHYSICAL THERAPY FOR THE RIGHT HIP:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ARTHROPLASTY/ FUSION Page(s): 23.

**Decision rationale:** CA MTUS/Post Surgical Treatment Guidelines recommend up to 24 visits of therapy following hip replacement. The request exceeds the 24 visits and there is no documentation in the records as to rationale or objective finding to warrant further visits. Therefore determination is for noncertification.