

Case Number:	CM13-0045960		
Date Assigned:	06/09/2014	Date of Injury:	01/17/2009
Decision Date:	07/14/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/12/2013

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 & 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 a 55 year old female with a date of work injury 1/17/09. Her diagnoses includes degeneration of lumbar or lumbosacral intervertebral disc and displacement of the lumbar intervertebral disc without myelopathy, status post L5-S1 fusion in January 2011; primary localized osteoarthritis, pelvic region and thigh status post right total hip arthroplasty 3/4/14. Per documentation the patient had a prior right hip arthroscopy for debridement with labral repair. Unfortunately this gave her no significant improvement. She has failed conservative care and underwent a right total hip arthroplasty on 3/4/14 for osteoarthritis. Per documentation she was in the hospital for 4 days, had home physical therapy for 2 weeks. She was using a cane for ambulation. She transitioned to outpatient physical therapy. There is a 4/2/14 first visit to outpatient PT that states that 12 visits were approved for outpatient. A June 12, 2014 primary treating physician document that states that the patient returns for follow up and is showing improvement in her hip and back situation. Unfortunately she had an episode a few weeks ago which has caused an aggravation of her back and right leg symptoms with occasional paresthesias. X-rays from 6/2/14 of the hip were normal and showed good position of the prosthesis. The patient has very good mobility in the right hip. The physician feels that she may have exacerbated her back situation and he wishes to see if her symptoms will improve with time.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY SESSIONS TO THE RIGHT HIP 1X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: Additional physical therapy sessions to the right hip 1 x 6 is not medically necessary per the MTUS guidelines. The postsurgical guidelines recommend up to 24 visits after a total hip arthroplasty. The MTUS guidelines state that for physical therapy there should be a fading of therapy to an active self directed home program. The documentation submitted is not clear on how many therapy sessions the patient has had. There are no objective findings revealing why patient needs additional therapy or findings documented of functional improvement of the prior therapy. Without this information additional physical therapy cannot be certified and additional physical therapy to the right hip 1 x 6 is not medically necessary.