

Case Number:	CM13-0047518		
Date Assigned:	12/27/2013	Date of Injury:	09/04/2013
Decision Date:	05/08/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 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 21-year-old female who reported a work-related injury on 09/04/2013, after a slip and fall at work. Radiographs revealed a left peritrochanteric hip fracture. The injured worker underwent a left hip open reduction and internal fixation, utilizing dynamic hip screw on 09/04/2013. The injured worker has undergone postoperative physical therapy sessions. A request was made for physical therapy 2 times a week for 12 weeks for the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY - TWO (2) TIMES A WEEK FOR TWELVE (12) WEEKS FOR THE LEFT HIP: 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: Physical therapy note dated 10/08/2013 stated the injured worker reported continued pain throughout her left hip, thigh, and calf, and was also having lower back pain. An assessment was noted as lateral trunk lean with decreased weight shift to left, and the injured worker was hesitant to transfer weight secondary to pain and weakness. She had improved standing static balance and dynamic as well. Per physical therapy note dated 10/11/2013, the

injured worker reported her left hip had been sore since she was increasing her activity level, and she had an improved ability to shift weight onto the left side, but continued to be fearful of falling and wanted to lock out entire lower extremity. Physical therapy note dated 10/14/2013 stated the injured worker had made gains and was very tender in lumbosacral region and posterior hip, as well as anterior thigh and hip. The treatment plan included to continue with current treatment plan and an additional 12 visits was requested. California Medical Treatment Guidelines recommend 24 physical therapy visits over 10 weeks as the postsurgical treatment for arthroplasty of the hip. It was unknown, per submitted clinical documentation, how many postoperative physical therapy visits the injured worker has attended. There was no recent clinical note submitted with the request noting objective and subjective findings for the injured worker to provide a rationale for the request for 24 physical therapy sessions. In addition, there was no recent clinical documentation noting significant functional deficits for the injured worker, which would warrant exceeding guideline recommendations for postsurgical physical therapy visits. Given the above, the decision for physical therapy - 2 times a week for 12 weeks for the left hip - is non-certified.