

<b>Case Number:</b>	CM13-0049434		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/05/2011
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Surgery, 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:

The patient is a 52-year-old female with date of injury 1/5/11. The patient was complaint of right hip pain. The patient is status post right hip surgery consisting of right hip labral repair, and status post 28 session of physical therapy. The exam note from 10/7/13 demonstrates report of 3/10 pain in the hip with 3/5 strength right hip flexion/internal rotation and external rotation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The CA MTUS Postsurgical Treatment Guidelines recommends up to 14 visits over 3 months for the patient's labral repair. With regards to postsurgical care after hip surgery, "According to the Official Disability Guidelines (ODG), physical therapy (PT) "allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial". In this case, there is insufficient documentation of functional improvement in the hip after therapy

and the number of sessions. Therefore, the medical necessity has not been established and the request is non-certified