

Case Number:	CM13-0053404		
Date Assigned:	12/30/2013	Date of Injury:	07/20/2012
Decision Date:	05/28/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 and Rehabilitation 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 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 an employee of [REDACTED] and has submitted a claim for right hip pain with an industrial injury date of July 20, 2012. Treatment to date has included medications, physical therapy, back brace, knee brace, and acupuncture. Utilization review from November 4, 2013 denied the request for post-operative physical therapy 3xWk x 6Wks right hip because the request for surgery was denied and there would be no need to consider post-operative physical therapy. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of constant right hip pain, 10/10, extending down the leg, into the groin, and into her low back. There was popping and clicking sensations in the hip joint. There was impairment in getting dressed, putting on socks and shoes, doing housework, driving, and sleeping through the night. On physical examination, gait was severely antalgic with a foot progression angle that is normal. No snapping or clicking emanated from the hip joint. Alignment of the spine was normal and there was no pelvic tilt. There was no tenderness of the lumbar spine. There was limited range of motion of the hip due to pain. Thomas and Ober's tests were normal. Hip strength was normal. There were no sensory deficits. Straight leg test was negative. Impingement, Faber, McCarthy's, Scour's, and Supine extension and ER tests were positive. An x-ray of the pelvis dated 9/3/13 showed an alpha angle of about 80 degrees; no retroversion; a small cross-over was present; normal posterior wall; no joint space narrowing with the lateral and superior segments showing approximately 4mm of space; and a cam lesion was seen laterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY FOR THE RIGHT HIP (3 TIMES PER WEEK FOR 6 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines, on pages 98-99, indicate that a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment are paramount for a physical therapy program. In this case, the patient is pending hip surgery but the determination for this request was not included in the medical records for review. It is unclear if the patient is approved for surgery; hence, the necessity for a post-operative physical therapy course is not established. Therefore, the request for POST-OPERATIVE PHYSICAL THERAPY FOR THE RIGHT HIP (3 TIMES PER WEEK FOR 6 WEEKS) is not medically necessary.