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| Case Number: | CM13-0065489 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 07/02/2012 |
| Decision Date: | 05/16/2014 | UR Denial Date: | 12/04/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

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 has a subspecialty in Interventional Spine 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 a 52 year-old male who was injured on 7/2/2012, when he was moving a 300 lbs cart and slipped and fell striking his hip and head on the concrete. According to the 11/22/13 pain management report from [REDACTED], the diagnoses include lumbar sprain; lumbar spasm; multiple lumbar disc herniations; lumbar radiculopathy; and left SI joint inflammation, severe and progressive. The treatint provider requests a lumbar ESI and left SI joint injection, and compounded topical medications. The IMR application states the provider is [REDACTED], and there is a dispute with the 12/4/13 UR decision for post-operative physical therapy, three times a week for four weeks for the left hip. The 12/4/13 UR decision is from [REDACTED], and modified the request to allow 9 sessions of physical therapy based on the 11/14/13 orthopedic surgery consult. There are no medical reports provided for this independent medical review from [REDACTED], no orthopedic report dated 11/14/13 and no indication that the patient has a hip surgery.

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 LEFT HIP (3 TIMES PER WEEK FOR 4 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 Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Postsurgical Treatment Guidelines states an initial course of therapy is \hat{A} ½ the general course of therapy, and lists the general course of therapy for hip osteoarthritis and allied disorders as 18 visits over 12 weeks. The initial course of care would be 9 visits over 6 weeks. The request for 12 visits of physical therapy visits which will exceed the MTUS Chronic Pain Medical Treatment Guidelines, and the initial course of care of therapy under MTUS postsurgical guidelines. The request for post operative physical therapy for the left hip, three times a week for four weeks is not medically necessary and appropriate.