

<b>Case Number:</b>	CM13-0067163		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/23/2011
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Occupational Medicine, 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] who filed a claim of left buttock, hip and knee pain associated with industrial injury dated July 23, 2011. Treatment to date includes MRI of right hip which revealed advanced Osteoarthritis with Right hip, right iliopsoas bursitis. Medications include Methotrexate, Folic Acid, Naprosyn and Cyclobenzaprine, Glucosamine, Magnacal which were prescribed to her since July of 2012. For lumbar radiculitis she was given Ultram, Voltragen gel, Lidoderm patches, Inedrol and Dosepak. In February 1, 2013 patient underwent right total hip arthroplasty. Post-operatively she was given Tylenol as her pain medication. Physical therapy sessions were also done the earliest date noted in the medical records was February 15, 2013. The total number of Physical therapy sessions completed to date is unknown. There's no submission of progress report to detail the claimant's clinical and functional response to treatment. Utilization review denied the request of twelve Physical Therapy sessions of the right hip dated January 2, 2014 due to lack of evidence that the claimant benefited from prior physical therapy sessions as to no reports submitted to see progress and outlined goals. Medical records from 2011 to 2013 were reviewed showing that her right hip, left buttocks and left knee were still painful. Patient also returned to work and has been sitting at desk however she claimed to experience fatigue/weakness by evening. Physical examination showed occasional limp and pain in the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 PHYSICAL THERAPY SESSIONS TO THE RIGHT HIP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** As stated in the California MTUS postsurgical treatment guidelines, physical therapy post surgical treatment for hip arthroplasty is recommended at 24 visits over ten weeks. In this case, the patient had physical therapy sessions the earliest date noted in the medical records was February 15, 2013. The total number of physical therapy sessions completed to date is unknown. There is no submission of progress reports to detail the claimant's clinical and functional response to treatment. It is unclear why an additional twelve physical therapy sessions are needed. The request for twelve physical therapy sessions to the right hip is not medically necessary or appropriate.