

Case Number:	CM13-0070309		
Date Assigned:	01/03/2014	Date of Injury:	06/30/2011
Decision Date:	06/09/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 injured worker is a 52 year old male who reported an injury on 06/30/2011. The injured worker had a right hip resurfacing on 02/05/2012 and several visits of physical therapy. A physicians progress note on 12/26/2013 stated that the injured worker denied numbness and tingling but had pain with weight bearing. It was noted that the injured worker had been compliant with physical therapy and showed improvement with active range of motion. Examination findings include limited range of motion with flexion at 100 degrees, abduction at 50 degrees, extension at 60 degrees, external rotation at 30 degrees and internal rotation at 15 degrees. The assessment includes osteoarthritis of the right hip and joint stiffness. The treatment plan includes continued physical therapy, Ibuprofen 800mg three times a day as needed and mometasone topical lotion 0.1% one application topically daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES WEEKLY FOR 6 WEEKS TO HIP AND THIGH:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker has had a right hip resurfacing in 2012 and also several physical therapy visits with documented success. The MTUS Chronic Pain Guidelines for physical medicine indicate that active therapy can be used to help control swelling, pain, and inflammation during the rehabilitation process. After symptoms improve then active self-directed home exercise is implemented to allow for fading of treatment frequency. Although the injured worker has some range of motion deficits and pain with weight bearing, it is not documented if the injured worker is using the self directed home exercises or using the Ibuprofen for pain and inflammation. A physical therapy re-evaluation dated 12/10/2013 indicated that the injured worker had completed 21 physical therapy sessions with pain at 5/10 due to increasing his workout routine. There is no evidence of functional limitations within the medical records provided for review. The request for physical therapy two times a week for six weeks is therefore not medically necessary and appropriate.