

Case Number:	CM14-0001434		
Date Assigned:	01/22/2014	Date of Injury:	09/25/2000
Decision Date:	04/24/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/03/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 75-year-old female with a date of injury on 9/25/2000. The mechanism of injury is unknown per the documentation provided for this review. The patient underwent a right total hip replacement due to failed right total hip arthroplasty on Oct 16, 2012. A total of three requests for post-operation physical therapy was made and approved. However, on a physician progress note dated 10/03/2013; the patient states she never received physical therapy after her surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 1-2 times week times six for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines, pages 11.23.

Decision rationale: Per the MTUS guidelines, patients who undergo procedures, as was performed, have 6 months of post-surgical rehab period in which to undergo rehabilitative

therapy with 22 visits authorized over a 3-month period following an arthrodesis procedure. The patient was previously authorized the requested post-operation physical therapy for 1-2 times a week times six for the right hip on 11/16/2012 which is within the first month following her surgery. This was again approved on 06/18/2013 then, again, although outside the stated guideline time frame for care, on 07/30/2013. In fact, on 11/20/2012 the patient was evaluated by [REDACTED] (physical therapist), and A.T.C. (athletic training certified) at [REDACTED]. Her note was dictated on 11/20/2012 at 11:42:37; the transcription was completed on 11/21/2012 at 01:31:06 and signed by [REDACTED] on 11/21/2012 at 07:38. The patient was afforded the opportunity to undergo a post-surgical rehabilitative program. Per the post-surgical physical therapy guidelines for hip arthrodesis, the time frame for post-surgical physical therapy has elapsed. As a result the requested therapy is not medically necessary.