

<b>Case Number:</b>	CM14-0002077		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	02/14/2009
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 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 injured worker is a 52-year-old female who reported an injury on 02/14/2009 due to a fall. The injured worker had a history of right hip pain. The diagnoses were chronic lower back pain, right hip labral tear, lumbar radiculitis, cervical spine musculoligamentous sprain/strain, and cervical radiculopathy at C6. The MRI dated 01/2012 had no information provided in the documentation. The injured worker's past surgery included status post fusion at C3-7 with cracked plates at C5-6 dated 08/26/2009 and a right hip arthroscopy dated 09/11/2013 and status post anterior cervical decompression. The medication included Norco 10/325 mg, Lunesta 3 mg, Flector patch, and Effexor XL 75 mg with a complaint of pain to the neck area 7/10 and hip pain 5/10 using the VAS (visual analog scale). The past treatment included physical therapy for 21 sessions on 08/08/2013 status post right hip 09/22/2013; on 11/25/2013, the injured worker had additional physical therapy to the right hip x 8 visits. Per the clinical note dated 02/05/2014, objective findings revealed right hip with restricted range of motion, external rotation is positive on the right, and Spurling's test was positive on the right. The treatment plan dated 03/05/2014 was for monotherapy and pain control with the medication. The request for authorization dated 04/18/2014 was in the documentation. No rationale for additional therapy was given.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-operative physical therapy for the right hip (2x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

**Decision rationale:** The request for additional post-operative physical therapy 2 times a week for 4 weeks for the right hip is non-certified. The California MTUS Guidelines indicate patients with hip fracture should be offered a coordinated multidisciplinary rehabilitation program with the specific aim of regaining sufficient function to return to their pre-fracture living arrangements. An accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty which include intense therapy and home exercises, along with and self-management of symptoms should be ongoing components of treatment starting with the first visit. The California MTUS Guidelines recommend 24 visits over 3 months. Per the clinical notes, the injured worker completed 24 visits of physical therapy for the right hip dated 11/25/2013. Per the noted dated 02/17/2014, the injured worker had completed her physical therapy course and her symptoms had improved. There are no special circumstances the warrant 8 additional visits of physical therapy, which exceeds the 24 visits recommended. As such, the request is non-certified.