

<b>Case Number:</b>	CM14-0002269		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/08/2009
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/02/2013
<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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 36-year-old female who had an industrial injury dated 6/8/09. Her diagnoses include status post left hip arthroscopy with labral repair on 4/24/13 with cam and pincer osteoplasties; history of left knee patellar dislocation in September, treated outside of workers compensation by an outside physician; and possible sacroiliac pain. There is a request for the medical necessity of physical therapy once a week for four (4) weeks. Per documentation, the patient had postoperative physical therapy program with eighteen (18) visits. The therapy report dated 8/26/13 indicates that the patient has declined in her function and motion, with decreased sensation of the hip. There is a 1/20/14 orthopedic surgeon progress report that states that the patient is no acute distress. She walks with just a slight antalgic gait still. She has range of motion of 0-115 degrees, internal rotation of 20 degrees, and external rotation of 50 degrees. She has a mild impingement sign still. She has a negative FABER test. She has a tight iliotibial band. She has negative Ober test. There is no tenderness over the greater trochanter, no swelling distally. She actively flexes and extends the hip with a negative iliopsoas stress test. A 2+ dorsalis pedis pulse is present. There is normal sensation to light touch distally. The AP view of the pelvis and left hip and the AP lateral x-rays show adequate osteoplasty, and no joint space narrowing. There are no other abnormalities. The provider is concerned regarding her persistent hip pain and states that her persistent symptoms necessitate a left hip MRI completed with an arthrogram of the left hip to best visualize the labrum after previous repair to help differentiate any need for further intervention including possible hip injection if there is only inflamed scar tissue around the repair. A 1/2/14 Hip arthrogram reveals: 1. Slight irregularity in the superior labra of the acetabulum consistent with previous surgery, but no acute findings within the labrum or in the bony structures of the left hip; and 2. Views of the right hip also demonstrate no gross

abnormalities. A 10/9/13 document that states that the patient does not have significant lumbar pain midline of the lumbar spine, but has greater pain along the left base of her lumbar spine in the region of the left sacroiliac joint and the lower lumbar facets. Fluoroscopic-guided facet injections were recommended. There is also a 1/21/14 document that states that the patient has positive tenderness along the left lower lumbar paraspinal muscle, left iliolumbar and sacroiliac region. Sacroiliac (SI) joint compression is equivocal. The distraction test is negative. Authorization for a left SI joint injection has been granted, and this will be done under fluoroscopic guidance at the hospital. Per physical therapy documentation from 8/26/13, the patient has declined in her function of the hip. According to the medical report dated 9/19/13, the patient was stated to be making gains in physical therapy; however, she had a recent fall and left knee injury and was undergoing treatment for the knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PHYSICAL THERAPY ONCE A WEEK FOR FOUR (4) WEEKS TO LEFT HIP:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PHYSICAL MEDICINE Page(s): 98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** The Postsurgical Treatment Guidelines indicate that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The Chronic Pain Treatment Guidelines indicate that there should be a fading of frequency of physical therapy and the patient should transition to a self directed home exercise program. The documentation reveals that the patient is not making functional gains in therapy. Therefore, the request for physical therapy once per week for four (4) weeks to the left hip is not medically necessary.