

Case Number:	CM14-0004149		
Date Assigned:	02/05/2014	Date of Injury:	08/03/2011
Decision Date:	06/20/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology 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 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] and has submitted a claim for a post surgical state NEC associated with an industrial injury date of August 03, 2011. The treatment to date has included physical therapy, pain medications, and a left hip arthroscopy with labral repair and decompression on September 25, 2013. The medical records from 2011 to 2014 were reviewed and they showed that the patient underwent a left hip arthroscopy last September 25, 2013. The patient eventually underwent twelve (12) physical therapy sessions starting October 2013. The patient reported beneficial effects from therapy of his left hip. He is presently using a single crutch and ambulating with less discomfort. The physical therapy was extended to another eight (8) sessions last November 2013. The utilization review from January 09, 2014 denied the request for additional physical therapy of the left hip two (2) times a week for four (4) weeks, due to absence of significant findings on the left hip which necessitates further physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT HIP 2 TIMES A WEEK, FOR 4 WEEKS.:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), WEB-BASED VERSION, PAIN CHAPTER.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES , HIP, PELVIS, THIGH: ARTHROPATHY UNSPECIFIED,

Decision rationale: The Postsurgical Treatment Guidelines recommend the postsurgical treatment of twenty-four (24) visits over ten (10) weeks with postsurgical physical medicine treatment period of four (4) months. In this case, the patient underwent a left hip arthroscopy with labral repair and decompression last September 25, 2013. The patient has received twenty (20) postsurgical physical therapy sessions. These sessions were claimed to have improved the patient's range of motion and strength, therefore increasing functionality. Additional physical therapy sessions for the left hip were advised for improvement of balance, flexibility and range of motion. However, the requested additional sessions exceed the recommended twenty-four (24) visits over ten (10) weeks. There is insufficient evidence or objective findings to prove the necessity for additional treatment for the left hip. The patient should be well versed by now to continue therapy as a home exercise. For the aforementioned reasons, the additional physical therapy sessions for the left hip two (2) times a week for four (4) weeks is not medically necessary.