

Case Number:	CM14-0006378		
Date Assigned:	03/03/2014	Date of Injury:	10/28/2008
Decision Date:	11/14/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/13/2014

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 Alabama. 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 67 year old female who was injured on 10/28/2008. The mechanism of injury is unknown. The patient underwent right hip arthroscopic femoral neck resection with debridement of labrum and right hip arthroscopic trochanteric bursectomy on 06/04/2013. Prior medication history included Norco, Celebrex, and tramadol. Diagnostic studies reviewed include MRI of the right hip dated 11/04/2013 demonstrated minimal diffuse chondral loss most prominent superiorly. Progress report dated 06/14/2013 states the patient presented with minimal pain as she is status post hip arthroscopy with labral debridement. On exam, there is no evidence of lymphedema and no signs of deep vein thrombosis DVT. Hip rotation is to 15 degrees with moderate discomfort. Straight leg raise and palpation of the lateral thigh produce moderate discomfort. The patient has been recommended to begin physical therapy. Prior utilization review dated 12/17/2013 states the request for Post Op Physical Therapy Times 12 Weeks Right Hip (Unknown Number Of Visits), is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical Therapy Times 12 Weeks Right Hip (unknown number of visits):
Overturned

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 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Physical medicine treatment.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) post-surgical medical treatment guidelines for hip disorders regarding physical therapy allows for 18 visits for hip osteoarthritis and allied disorders. The Official Disability Guidelines (ODG) guidelines for hip disorders regarding physical therapy allows for 9 visits for hip osteoarthritis and allied disorders. In this case, the patient has a listed diagnosis of "right hip labral tear with impingement" which may be categorized under the osteoarthritis and allied disorders diagnosis. The patient is now status post "hip arthroscopy with labral debridement, femoral neck resection and trochanteric bursectomy, right hip" and has authorization for at least 9 visits of physical therapy, whereas the request is for 12 sessions. Being that I am asked to decide between whether a request is or is not medically necessary, and not modify the order (number of therapy sessions), the order of 12 sessions of therapy is medically necessary in this regard. Regardless of if the surgery was authorized or not, the patient is left in the post-operative condition and state of recovery. Veering on the side of patient care, the request for post-operative physical therapy is deemed appropriate. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.