

Case Number:	CM14-0008431		
Date Assigned:	02/12/2014	Date of Injury:	01/07/2013
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgeon, Sports Medicine 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 48 year old male with an injury reported on 01/07/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 08/05/2013, reported that the injured worker complained of constant pain to the left hip. The discharge note dated 09/28/2013 reported the injured worker was status-post left total hip arthroplasty. The post surgical physical examination revealed a surgical incision to his left hip which was clean, dry, and intact without evidence of drainage, swelling, bruising or wound dehiscencing. The physical therapy note dated 01/02/2014, reported the injured worker had completed 12 sessions of therapy. It was noted the injured worker's left hip rotation was 'about' 70%, and had significant increase of comfort to anterior hip after treatment. It was also reported the injured worker was able to return to work with modified duty. The injured worker's diagnoses included left hip osteoarthritis; status-post left total hip arthroplasty 09/26/2013; angina; hypertension; asthma; GERD; and skin cancer. The provider requested to continue physical therapy 3 times a week for 4 weeks for the left hip, the rationale was not provided. The request for authorization was submitted on 01/16/2014. The injured worker's prior procedures included open reduction internal fixation to left femur 1978-1979; sinus surgery in 2000; stent in artery 2001-2002. The injured worker's prior treatments were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT HIP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 98.

Decision rationale: The request for continue physical therapy 3 times a week for 4 weeks for the left hip is not medically necessary. The injured worker complained of constant pain to the left hip. The injured worker is status-post left total hip arthroplasty and has completed 12 sessions of therapy. It was also reported the injured worker was able to return to work with modified duty. The CA MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation an adequate and complete assessment of the injured worker's functional condition was not provided; it was unclear if the injured worker had significant functional deficits after completing 12 sessions of physical therapy. Also, the requested number of sessions exceeds guidelines. Therefore, the request is not medically necessary.