

Case Number:	CM14-0009950		
Date Assigned:	02/21/2014	Date of Injury:	12/15/2004
Decision Date:	06/25/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/24/2014

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 Interventional Spine 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 patient is a 63 year old with an injury date on 12/15/04. Based on the 12/17/13 progress report the diagnoses are: Status-post right total hip replacement, performed 3/14/13, history of right hip advanced osteoarthritis, COPD, left hip pain, right knee osteoarthritis, right distal femoral epiphyseal cyst, lumbar degenerative stenosis, and cervical degenerative disc disease. The exam on 12/17/13 showed "the patient ambulates with limp on the right complaining of lower back and lateral hip pain on the right, some surgical site tenderness. Hip internal and external rotation does not cause groin pain. The knee is not tender and the range of motion is full." The physician is requesting 6 physical therapy visits for the right hip between 12/19/13 and 2/2/14. The utilization review determination being challenged is dated 12/24/13. The physician is the requesting provider, and he provided treatment reports from 1/14/13 to 12/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 PHYSICAL THERAPY VISITS FOR THE RIGHT HIP BETWEEN 12/19/2013 AND 2/2/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Hip, Pelvis, Femur Page(s): 23-25.

Decision rationale: This patient presents with continuing low back pain radiating into right leg and down to knee when walking, with rectal pain exacerbated when standing and walking, and is s/p right total hip replacement from 3/14/13. The treater has asked 6 physical therapy visits for the right hip between 12/19/13 and 2/2/14 on 12/17/13. On 9/24/13, patient completed 24 sessions of physical therapy with some benefit and has transitioned to home exercise program with hip abduction, her limp is gone and uses cane only for comfort. On 11/19/13, patient has become deconditioned and ambulates with limp to right. Treater recommends additional physical therapy "to regain gluteal musculature and region and restore gait" on 11/19/13. On 12/17/13, patient remains limping and complains of lower back and surgical site is tender. MTUS allows 24 sessions over 4 months for arthroplasty of hip, but allows further sessions for instances of severe deconditioning. In this case, patient has completed 24 session of physical therapy and transitioned to a home exercise program but still has trouble ambulating. Requested addition 6 sessions of physical therapy to restore gait is within MTUS guidelines. Recommendation is for authorization.