

Case Number:	CM14-0101134		
Date Assigned:	07/30/2014	Date of Injury:	08/02/2007
Decision Date:	10/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 underlying date of injury in this case is 08/02/2007. The original utilization review under appeal is 06/24/2014. The patient's diagnosis is status post a left total hip arthroplasty on 03/21/2014. On 04/14/2014, the patient's primary treating physician saw the patient in follow-up and noted that she was doing well status post a recent hip replacement and had improved significantly. The treating physician recommended the patient start physical therapy at that time. On 05/27/2014, the primary treating physician noted the patient's back was doing much better with a history of spinal fusion, that the patient was status post a recent left hip replacement, and had good range of motion of the hips, knees, and ankle. The patient walked with a bit of a flexed lumbar spine but was weaning himself off from that. There were no focal motor deficits. The treating physician recommended physical therapy for the left hip for gait training/strengthening. The treating physician recommended physical therapy twice per week for 6 weeks to the left hip. An initial physician reviewer noted that there was a lack of information pertaining to the patient's postoperative therapy to date including the number of sessions and response to therapy. Therefore, the reviewer recommended non-certification of the request for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 6Wks, left hip: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: The Medical Treatment Utilization Schedule Postsurgical Treatment Guidelines, Section 24.3, page 11, states that with documentation of functional improvement, a subsequent course of postoperative therapy could be prescribed. The emphasis in this guideline is on both functional progress which has been attained and that can be further attained. The initial physician reviewer noted that there was no documentation regarding the patient's progress in initial postoperative physical therapy. The treating orthopedic surgeon does fully discuss the patient's mechanics of gait in a manner which clearly indicates that the patient made significant progress initially after surgery. However, the patient also is noted to have remaining gait abnormalities which could not be reasonably expected to be corrected on an individualized basis. Correction of posture or other mechanics of gait requires the attendance of a skilled physical therapist. Therefore, the request for additional physical therapy in order to address specifically documented parameters of gait function is supported by the treatment guidelines. This request is medically necessary.