

Case Number:	CM14-0103783		
Date Assigned:	07/30/2014	Date of Injury:	05/04/2010
Decision Date:	10/20/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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 Surgery 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:

This 63-year-old female actress sustained an industrial injury on 5/4/10. Injury occurred when she slipped and fell down stairs landing on her left side. She sustained a fracture of the superior and inferior pubis ramus on the left and a fracture of the coccyx. She was diagnosed with a labral tear of the left hip with pincer-type deformity in the left femoral head and acetabulum. She underwent left hip arthroscopic debridement, osteochondral shaving, and attempted labral repair on 1/9/13. She felt that she worsened with post-op physical therapy. Additional conservative treatment, including medications and corticosteroid injection, failed to provide sustained benefit. The 2/20/14 pelvic CT scan impression documented findings consistent with an old fracture of the left pubic ring with very minimal deformity at this time. There were no acute bony changes or focal marrow abnormalities seen in the pelvis or proximal femurs. The 4/2/14 left hip MR arthrogram impression documented a linear full thickness tear of the anterior labrum. The 5/14/14 treating physician report cited current pain grade 8/10 in the left groin and buttocks. Pain was aggravated with weight bearing, rising from a chair, and flexing the hip. Physical exam documented mild limp, range of motion 0-100 degrees up, 45 degrees in external rotation and 15 degrees in internal rotation. Stinchfield test was positive for left hip pathology. Impingement sign was also positive. The diagnosis was recurrent left hip labral tear and femoroacetabular impingement. The treatment plan recommended a mini open direct anterior left hip exploration, debridement or repair of the labrum, and possible additional acetabuloplasty. If this incremental approach does not work, the patient will eventually need a total hip arthroplasty. Post-op physical therapy was also requested. The 6/6/14 utilization review denied the request for 24 post-operative physical therapy visits. The rationale for this determination was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Visits #24 Post Op: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines for hip surgeries consistent with the requested procedure suggest a general course of 18 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 9 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations. However, this request exceeds both the recommended initial course and overall general course of therapy. Therefore, this request is not medically necessary.