

Case Number:	CM14-0016661		
Date Assigned:	04/11/2014	Date of Injury:	04/08/2009
Decision Date:	05/28/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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 40 year old female with an injury date on 4/8/09. Per 01/27/14 the patient has persistent pain in the right hip. The patient's diagnoses include right and left hip arthroscopy for labrel tear and impingement with pain in joint, pelvic region and thigh. The examination on the right hip showed incision healing, tenderness, no instability, 5/5 on all motor groups, and decreased ROM secondary to pain. The provider has recommended the following physical therapy for 2 times a week for 6 weeks and a follow up visit in 6 weeks, aquatic therapy for 2 times a week for 6 weeks and a follow up visit in 6 weeks and Voltaren gel 1% every 4 hours of 1 large tube with 4 refills. The patient is post-operative from 10/10/13 where hip joint arthroscopic surgery was performed. The provider does not specifically discuss the patient's progress. The only report on 7/10/13 stated no significant changes in both hips. These requests were denied by utilization review letter from 02/04/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/7/13 to 1/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEEK FOR 6 WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: This patient presents with chronic pain involving the bilateral hip/pelvis. The request is for physical therapy 2x6. A review of the reports show that the request is for post-operative therapy following hip surgery which occurred on 10/10/13. Operative report showed that the patient underwent arthroscopic decompression of pincer lesion, cam lesion and labral debridement. The California MTUS guidelines on page 23 for postsurgical therapy for hip arthroscopic synovectomy, a similar procedure to what has been done for this patient, is for 14 sessions. The reports do not show that this patient has had any post-operative therapy. Recommendation is for authorization.

AQUATIC THERAPY 2 X WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: This patient presents with chronic pain involving the bilateral hip/pelvis. The request is for aquatic therapy 2x6. The patient is s/p hip arthroscopic surgery from 10/10/13. The patient has been approved for physical therapy and there is no indication for both physical and aqua therapy. The California MTUS guidelines page 22 states that aquatic therapy is recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, there is no documentation of extreme obesity or a need for reduced weight-bearing. The provider has asked for both physical therapy and aquatic therapy. There does not appear to be any reason for doing both. There is no indication that the patient is not able to tolerate land-based therapy. Recommendation is for denial.