

Case Number:	CM14-0111559		
Date Assigned:	08/04/2014	Date of Injury:	02/20/2013
Decision Date:	10/07/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/17/2014

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 Internal Medicine, and is licensed to practice in New York. 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 55-year-old male with a date of injury of 02/20/2013. He fell down on his buttocks while pushing a large container of milk. He has bilateral hip pain from osteoarthritis, right is worse than the left. On 06/04/2014, a lateral right hip x-ray revealed femoral head collapse. On 06/05/2014 a right hip x-ray revealed severe joint space narrowing, a marginal bone spur and cyst formation. On 06/11/2014, it was noted that he was taking Trazodone, Norco, Gabapentin, and Indomethacin. He was 5'10" tall and weighed 245 pounds. The right hip examination was limited because of the pain. Prior treatment included use of a cane for ambulation, 6 to 8 courses of physical therapy and injections. He was scheduled for a right hip Arthroplasty on 07/23/2014. 16 visits of post-operative physical therapy were requested. 12 visits of post-operative physical therapy were approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 2 Times a Week Times 8 Week for the Right Hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 23.

Decision rationale: (1) "General course of therapy" means the number of visits and/or time interval which shall be indicated for postsurgical treatment for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. (2) "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. The request is for 16 post-operative physical therapy visits post right hip arthroplasty. 12 visits were certified and this is the appeal. It is customary to approve half of the maximum amount of post-operative physical therapy initially and then to review the issue again if needed. According to MTUS Hip, Pelvis and thigh, Arthroplasty of hip, the maximum number of post-operative physical therapy visits is 24 (general course of therapy) and as is customary in MTUS, half are approved initially (initial course of therapy). Therefore, 12 visits were approved and the issue if any other visits are necessary can be addressed during the physical therapy treatment.