

Case Number:	CM14-0148870		
Date Assigned:	09/18/2014	Date of Injury:	07/10/1995
Decision Date:	12/12/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/12/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 48-year-old female with a 7/10/95 date of injury, and left hip arthroscopic surgery on 3/26/14. At the time (5/27/14) of request for authorization for Physical therapy times eight sessions, there is documentation of subjective (left>right hip pain and bilateral knee pain) and objective (decreased range of motion of the bilateral hip and Patrick's maneuver caused left groin pain) findings, current diagnoses (bilateral patellofemoral chondromalacia and status post left hip arthropathy for moderate hip arthritis), and treatment to date (12 post op physical therapy treatments and medications). Medical reports identify a request for 8 physical therapy sessions to restore hip range of motion and strength. There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters and functional benefits or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous post op physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times eight sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Physical Therapy (PT)

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 14 visits of post-operative physical therapy over 3 months and post-surgical physical medicine treatment period of up to 4 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of bilateral patellofemoral chondromalacia and status post left hip arthropathy for moderate hip arthritis. In addition, there is documentation of 12 previous post op physical therapy treatments. However, given documentation of a request for Physical therapy times eight sessions, in addition to the treatments already completed, which would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefits or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous post op physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy times eight sessions is not medically necessary.