

Case Number:	CM14-0159313		
Date Assigned:	10/02/2014	Date of Injury:	02/28/2013
Decision Date:	10/29/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/29/2014

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 & Rehabilitation and Pain Management, 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 58 year old female with an injury date of 02/28/13. Based on the 08/25/14 progress report provided by [REDACTED], the patient complains of left hip pain. She is status post total hip replacement 03/03/14. Per physical therapy report dated 05/05/14, her problems also include left foot drop, which started after surgery, antalgic walking and abnormality in gait. Patient has history of blood clot diagnosed 3 weeks from report dated 05/05/14. Physical exam to left hip reveals decreased strength and range of motion. Patient is to attend sessions 2 x 6 weeks and continue with home exercise program. Diagnosis 08/25/14- osteoarthritis of hip- peroneal nerve palsy- status post hip replacement 03/03/14 [REDACTED] is requesting 12 physical therapy visits left hip/foot. The utilization review determination being challenged is dated 09/18/14. The rationale is: "guidelines recommend 8 to 10 visits over 4 weeks." [REDACTED] is the requesting provider, and he provided treatment reports from 03/03/14 - 09/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy Visits for left hip/foot: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

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

Decision rationale: The patient complains of left hip pain. The request is for 12 physical therapy visits left hip/foot. Her diagnosis dated 08/25/14 includes osteoarthritis of hip, peroneal nerve palsy, and she is status post hip replacement 03/03/14. MTUS page 22, Title 8, California code of regulations, section 9792.20 ET AL.: appendix C--postsurgical treatment guidelines: evidence-based reviews states: "Hip, Pelvis and Thigh (femur): Arthrodesis: Post-surgical treatment: 22 visits over 3 months: Post-Surgical physical medicine treatment period: 6 months." Patient is within post-operative treatment period. Per physical therapy report dated 05/05/14, she started the first of 12 physical therapy visits and is on home exercise program. In review of reports, treater mentions placing request for additional physical therapy on progress report dated 07/14/14. He has mentioned 'continue home exercise program' and not stated functional improvement. However, given patient's diagnosis of osteoarthritis and subsequent foot drop from surgery to left hip, the request for additional 12 sessions of physical therapy appears reasonable and close to guideline indications. Therefore, the request of twelve (12) Physical Therapy Visits for left hip/foot is medically necessary and appropriate.