

Case Number:	CM14-0160192		
Date Assigned:	10/03/2014	Date of Injury:	08/02/2007
Decision Date:	11/26/2014	UR Denial Date:	09/23/2014
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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 65-year-old female who reported injury on 08/02/2007, caused by an unspecified mechanism. The injured worker's treatment history included medication, x-rays, and status post THA. Within the documentation, it was noted that the injured worker was referred to physical therapy for her left hip status post THA on 03/21/2014. On 07/08/2014, it was documented that the injured worker's physical therapy had been denied. The provider noted that she was much better after the total hip replacement. She had spinal surgery. She had a hip arthritis, and a hip total replacement. She needed physical therapy to strengthen her back and hip musculature with gait training. She had increased cadence in stride length, but she was still very unsteady. Examination revealed pain with extension rotation. No focal deficits. 1+ pulses. Good range of motion of the hips, knees, and ankles and 5/5 motor examination lower extremities. There was a well healed posterior midline incision, a well healed hip incision, and improved cadence and stride length. She had much less pain. On 07/14/2014, it is documented the injured worker had initial evaluation at [REDACTED]. The physical therapist noted that the injured worker required skilled physical therapy to address the problems identified, and achieve the individualized injured worker goals as outlined in the problems and goals section of the evaluation, such as, increased range of motion, mobility improvements, muscle function improvements, and enhance dynamic stability. On 08/25/2014, it was documented that the injured worker had 12 sessions of physical therapy. The physical therapist noted that the injured worker's rehabilitation potential was good. It was documented that the injured worker presented to physical therapy demonstrating overall improvements in her ability to ambulate. Physical therapist noted per her physician, follow-up was recommended to continue physical therapy for another 8 visits, and was waiting for physical therapy to be authorized. Diagnoses included left

hip/pelvis, hip joint replacement, and pain in joint, pelvic region, and thigh. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 4Wks for the Lumbar Spine and Left Hip: Upheld

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 Physical Medicine, Page(s): 98..

Decision rationale: The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed for the left hip. The injured worker are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation submitted for the review stated that the injured worker had undergone a total hip replacement on 03/21/2014. The injured worker was seen from [REDACTED] on 07/14/2014 to 08/25/2014. The physical therapist noted that the injured worker rehabilitation potential was good. The injured worker presented to physical therapy demonstrating overall improvement in her ability to ambulate. She had improvement in her range of motion and strength, but she still was limited per objective testing and with functional movements of gait analysis. The physical therapist noted per her physician he recommended to continue with physical therapy for another 8 visits, and was waiting for authorization. The injured worker has already received 12 physical therapy sessions noted with improvement. As such, the request for physical therapy 2xWk x 4Wks for the lumbar spine and left hip is not medically necessary.