

Case Number:	CM14-0168231		
Date Assigned:	10/15/2014	Date of Injury:	06/04/2014
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/13/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 61 years old female with date of injury of 6/4/2014. A review of the medical records indicate that the patient is undergoing treatment for left hip fracture and ORIF. Subjective complaints include continued pain in the left hip and groin. Objective findings include limited range of motion of the hip; strength 4/5 for hip muscles; Hip X-ray showing intertrochanteric fracture of the left femur. Treatment has included Naproxyn and physical therapy. The utilization review dated 10/1/2014 partially-certified physical therapy 2 x 12 totaling 24, left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 12 totaling 24, left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up

to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. MTUS guidelines further state "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 post-surgical guidelines state that 24 visits over 10 weeks are recommended. The patient has received 6 total physical therapy sessions post hip surgery over the course of several months. The request for an additional 12 weeks of physical therapy is in excess of guidelines. Progress notes insufficiently detail objective findings of the left hip correlating to her physical therapy sessions. Additionally, no physical therapy notes document the patient's progress, which is necessary for the treating physician to make any medical care adjustments. As such, the request for physical therapy 2 x 12 totaling 24, left hip is not medically necessary.