

Case Number:	CM14-0170568		
Date Assigned:	10/20/2014	Date of Injury:	02/15/2014
Decision Date:	11/20/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Surgery and is licensed to practice 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:

This 50-year-old male firefighter sustained an industrial injury on 2/15/14. Injury occurred when he fell through a floor while fighting a fire. The 4/17/14 left hip MR arthrogram impression documented an aspherical contour of the left femoral head and neck junction. There were areas of delamination of the articular cartilage with subchondral cystic changes in the acetabular roof of the left hip. Findings were consistent with degeneration of the labrum laterally and femoroacetabular impingement. Conservative treatment, including activity modification, anti-inflammatory medications, injection, and physical therapy, failed to provide sustained improvement. He underwent a left hip femoroplasty, acetabuloplasty, and labral repair on 7/9/14. The 9/16/14 physical therapy chart note for visit 20/24 indicated the patient had no pain. There were residual significant deficits in range of motion and left lower extremity strength. Program progression was documented. The 9/30/14 treating physician progress report cited left hip pain with no change in objective findings. The patient had completed 22 visits of physical therapy. Additional physical therapy was recommended 3x6 for range of motion and strengthening. The 10/7/14 utilization review modified the request for 18 additional post-op physical therapy sessions to 12 visits as medically reasonable. Additional clinical documentation would be necessary for consideration of further therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-Op Physical Therapy 3 x 2 to the left hip: Upheld

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

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for hip arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Initial physical therapy had been approved for 24 visits. The 10/7/14 utilization review modified a request for 18 physical therapy visits and approved 12 additional visits in excess of guideline recommendations as medically reasonable to achieve additional functional improvement. There is no compelling reason at this time to support physical therapy treatment beyond guideline recommendations and the care already certified. Further treatment should be based on residual functional deficits and objective measurable functional improvement upon completion of the therapy currently certified. Therefore, this request is not medically necessary.