

<b>Case Number:</b>	CM14-0172953		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/17/2006
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 & Medicine, 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 56-year-old female with an injury date of 06/17/2006. Based on the 09/30/2014 progress report, the patient complains of having left hip pain, which she rates as a 4/10. The patient is limping and has an antalgic gait. The patient also has left shoulder pain, which she rates as a 3/10. Range of motion of the shoulder is restricted and is accompanied by popping sensations in the back. "The patient has difficulty and impairment putting on socks/shoes, and sleeping through the night." She has occasional numbness and tingling in the left shoulder and fingers in her left hand. The patient was diagnosed with end-stage left hip osteoarthritis. The utilization review determination being challenged is dated 10/15/2014. There is one treatment report provided from 09/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x week x2 weeks of left hip:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip and pelvis chapter, physical medicine treatment

**Decision rationale:** According to the 09/30/2014 progress report, the patient complains of having hip pain and left shoulder pain. The request is for physical therapy 3 times a week times 2 weeks for the left hip. Review of the reports provided does not indicate that if the patient has had any previous physical therapy sessions. The denial letter states, "The surgery is not approved at this time and the need for postoperative physical therapy is considered to be premature and is not approved." The 09/30/2014 report does not provide any discussion regarding any type of surgery the patient may have had or will have in the future. Regarding post-op hip arthroplasty therapy or treatments, ODG Guidelines, hip and pelvis chapter, physical medicine treatment states: "Postsurgical treatments, arthroplasty/fusion, hip: 24 visits over 10 weeks." ODG also states: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). Sprains and strains of hip and thigh: 9 visits over 8 weeks." Review of the progress report from 09/30/2014 does not provide any discussion towards any type of surgery the patient may have had or will have. For non-post-op therapy, 9-10 sessions are recommended per MTUS and ODG. There is no record of a recent therapy. However, the treater does not discuss why therapy is needed at this juncture. There is no documentation of flare-ups, exacerbations, new injury or other functional decline to warrant therapy. The treater does not mention why home exercises are inadequate requiring formalized therapy. Therefore, request is not medically necessary.