

Case Number:	CM14-0184909		
Date Assigned:	11/12/2014	Date of Injury:	09/04/1996
Decision Date:	12/30/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/06/2014

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 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 64-year old male with an injury date of 09/04/96. Based on the progress report dated 09/30/14 provided by [REDACTED], the patient complains of pain in the right hip and low back. Physical examination reveals weakness of dorsiflexion of the ankle and great toe. There is diffused numbness in peroneal nerve distribution. As per progress report 09/19/14 provided by [REDACTED], the patient suffers from aching and shooting pain in the lower back that radiates to bilateral hips and right lower extremity. The pain is rated at 4/10 and worsens with bending and increased physical activity. Physical examination reveals tenderness in lower lumbar spine, paraspinous muscles. Anterior flexion of the lumbar spine is painful and at 50 degrees. Extension of the lumbar spine is painful and at 10 degrees. Left lateral flexion and right lateral flexion are at 15 degrees and painful. As per emergency room report dated 08/22/14, patient's left leg was shortened and internally rotated upon arrival. The pain was rated at 8/10 when worse, as per progress report dated 08/20/14. Patient ambulates with a walker and an ankle/foot orthosis with ease, as per progress report dated 09/30/14. Patient has been on Percocet and Methadone for past seven years, as per progress report dated 09/19/14. He underwent total hip replacement, left hip and developed foot drop post-surgery on 07/28/14, as per the report dated 09/19/14. The patient has also tried TENS unit in the past, as per the same report. Diagnosis, 09/30/14- Status post hip arthroplasty, left hip- Sciatic nerve neuropathy- Chronic right hip painThe physician is requesting for Physical Therapy 9 Visits Left Hip. The utilization review determination being challenged is dated 10/06/14. The rationale was "it is unclear as to exactly number of sessions the patient has received, or if the patient has received any prior physical therapy session for treatment of the injury to the left hip, in addition to whether the patient falls within the postsurgical guidelines." Treatment reports were provided from 04/07/14 - 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 9 visits left hip: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Hip & Pelvis, physical medicine treatment

Decision rationale: This patient is Status post hip arthroplasty, left hip. He complains of pain in the right hip and low back, as per progress report dated 09/30/14. The request is for Physical Therapy 9 Visits Left Hip. MTUS Guidelines are silent on physical therapy in patient's status post hip arthroscopy. The ODG guidelines, chapter Hip & Pelvis, recommend 24 visits over 10 weeks for post-surgical treatment, arthroplasty/ fusion, hip. In this case, the patient underwent total hip replacement, left hip and developed foot drop post-surgery on 07/28/14, as per progress report dated 09/19/14. ODG guidelines do not state specific post-operative time frame for hip arthroplasty. They, however, recommend 24 sessions over a period of 10 weeks. Review of reports of this patient does not reveal any prior physical therapy sessions (The latest report dated 09/30/14 cuts off abruptly after page 63). Given the lack of evidence of any post-operative therapy, the requested 9 visits appear reasonable. The Physical Therapy 9 visits left hip is medically necessary.