

Case Number:	CM14-0021608		
Date Assigned:	05/05/2014	Date of Injury:	08/22/2012
Decision Date:	07/09/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 35-year-old gentleman who sustained an injury to his left hip on August 22, 2011. The medical records provided for review document a labral tear that was treated on December 31, 2012, with arthroscopic labral repair and a femoral neck osteoplasty. A follow-up report dated January 16, 2014, notes that, at one year post-operatively, the claimant reported continued complaints of pain and that he continued to participate in formal physical therapy, which provided some relief. The records document nearly one year of treatment with physical therapy. Physical examination showed full range of motion, 4 out of 5 strength and no neurologic dysfunction. The recommendation was made for continuation of management with medications and 12 additional sessions of physical therapy for the left hip. This review addresses the request for 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LEFT HIP:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to California MTUS Postsurgical Rehabilitative Guidelines, 12 additional sessions of physical therapy for this claimant's left hip would not be supported. The reviewed records indicate that the claimant is now one year post-surgery and underwent a significant course of post-operative physical therapy, including recent sessions. The Postsurgical Guidelines recommend up to 14 sessions of physical therapy in the six-month period following surgery. While the physical examination still notes weakness, it appears that the claimant has exhausted the available benefits of formal physical therapy. The request for additional sessions would exceed the Postsurgical Guidelines criteria and, therefore, not be medically necessary.