

Case Number:	CM14-0024645		
Date Assigned:	06/11/2014	Date of Injury:	12/31/2011
Decision Date:	08/01/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/26/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 43-year-old female who reported an injury on December 31, 2011 due to an unknown mechanism. The injured worker is status post hip arthroscopy. Physical examination on May 13, 2014, revealed she was attending physical therapy and reported she had pain with exercise that can be severe at times. She also stated she was unable to walk no more than a few minutes without severe discomfort. Hip internal rotation was to 25 degrees with severe discomfort. Straight leg raise and palpation of the lateral thigh produced severe discomfort. Medications for the injured worker were not reported on this visit, but January 28, 2014 medications were Flexeril and Advil. Treatment plan was to continue physical therapy twice weekly for 6 weeks. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 POST-OPERATIVE PHYSICAL THERAPY VISITS, FOR THE LEFT HIP, 2 TO 3 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMJ Publishing Group, Ltd; London, England; www.clinicalevidence.com, Musculoskeletal Disorders, Condition: Osteoarthritis of the Hip.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 23.

Decision rationale: The California MTUS Guidelines recommend for postoperative arthroscopic, surgery 12 visits of physical therapy over 10 weeks. The injured worker must be reassessed and documentation of measurable gains and functional improvement should be reported. The California MTUS states that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall prescribe within the parameters of the general course of therapy applicable to the specific surgery. 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, which is 24 visits. The document submitted for review does not report any functional improvement for the injured worker. There were no physical therapy reports submitted for review. Therefore, the request is not medically necessary.