

Case Number:	CM14-0044064		
Date Assigned:	07/02/2014	Date of Injury:	02/14/2009
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/11/2014

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 Occupational Medicine 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 52-year-old female who has submitted a claim for right hip labral tear status post right hip surgery associated with an industrial injury date of 02/14/2009. Medical records from 10/13/2011 to 03/05/2014 were reviewed and showed that patient complained of right hip pain graded 5/10 radiating down the groin. Physical examination revealed normal skin with no lymphedema. Hip internal rotation was 30 degrees with minimal pain. MMT was 4+/5. Sensation to light touch was intact from L2 to S1. Normal pulses and capillary refill time was noted. X-ray of the pelvis and right hip dated 09/24/2013 revealed adequate decompression with anchors. Treatment to date has included right hip arthroscopy with acetabular takedown and labral repair and femoral neck resection (09/11/2013), post-operative physical therapy, and pain medications. Utilization review dated 03/21/2014 denied the request for additional post-operative physical therapy to the right hip 2 x 4 because the additional physical therapy visits exceed guidelines recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy for the right hip two (2) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed group/The Medical Disability Advisor, Official Disability

Guidelines/Integrated Treatment Guidelines 2nd Edition, Disability Duration Guidelines (Official Disability Guidelines 9th Edition), Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The California MTUS Postsurgical Treatment Guidelines recommend 18 visits of post-operative physical therapy over 12 weeks for osteoarthritis and allied disorders. The postsurgical physical medicine treatment period is 6 months. In this case, the patient completed 38 visits of post-operative physical therapy which is beyond guidelines recommendation. The postsurgical physical medicine treatment period of 6 months has already elapsed. It is unclear as to why the patient cannot self-transition to HEP. Therefore, the request for additional post-operative physical therapy for the right hip two (2) times a week for four (4) weeks is not medically necessary.