

Case Number:	CM14-0045895		
Date Assigned:	07/02/2014	Date of Injury:	01/08/2010
Decision Date:	08/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 injured worker is a 53-year-old male with a reported date of injury on 01/08/2010. The injury reportedly occurred while the injured worker was lifting a water heater onto a stand when he noted right groin and hip area pain. The injured worker's diagnoses included right hip arthritis, left hip arthritis, and low back pain. Previous treatment included Depomedrol injections and physical therapy as well as activity modification. The injured worker underwent a total hip replacement in 04/2013. Previous diagnostic studies include X-Ray of the hips, MRI bilateral hips, ultrasound of the groin, orthopedic consultation, bone scan, and the MRI of the cervical spine. According to the clinical note dated 04/28/2014, the injured worker underwent bilateral total hip arthroplasty. The injured worker presented with pain and stiffness shooting down both legs. The injured worker's medication regiment included Celebrex 100 mg daily. The physician indicated that physical therapy was requested relating to the complex lower extremity chronic issues. The Request for Authorization for physical therapy x 12 visits for the right hip was submitted on 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 visits for the Right hip: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend a therapy program that starts immediately following hip surgery to allow for greater improvement in muscle strength, walking speed, and functional score. Accelerated preoperative care and rehabilitation intervention after hip and knee arthroplasty and reduced mean hospital length of stay. The postsurgical recommendation for physical therapy after arthroplasty is 24 visits over 10 weeks. The clinical information provided for review lacks documentation related to the date of the hip surgery. In addition, there is a lack of documentation related to the number of previous physical therapy visits. There is a lack of documentation related to the number of physical therapy treatments postoperatively. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees. There is a lack of documentation related to strength, gait and the functional or therapeutic benefit in the previous physical therapy. Therefore, the request for physical therapy x 12 visits for the right hip is not medically necessary.