

<b>Case Number:</b>	CM14-0055596		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hip and low back pain reportedly associated with an industrial injury of July 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; adjuvant medications; a cane; epidural steroid injection therapy; and unspecified amounts of manipulative therapy over the course of the claim. In a Utilization Review Report dated April 14, 2014, the claims administrator denied a request for 12 sessions of active and passive physiotherapy to the left hip. Per the claims administrator, the applicant had undergone earlier hip surgery on January 28, 2014, had had nine sessions of postoperative physical therapy, and had failed to clearly profit from the same. The applicant's attorney subsequently appealed. In an August 18, 2014 consultation, the applicant was described as having internal derangement of the hip. An antalgic gait was noted. The claimant exhibited 4/5 left lower extremity strength. It was stated that the applicant had some depressive symptoms and had had a urine toxicology screen of July 21, 2014 which was positive for marijuana, amphetamines, and methamphetamines. The applicant underwent hip arthroscopy, synovectomy, chondroplasty, and debridement surgery on January 30, 2014 and went on to undergo lumbar epidural steroid injection therapy on February 26, 2014. On December 6, 2013, the applicant reported 7-8/10 multifocal low back, hip, and mid back pain with associated headaches. The applicant was placed off of work, on total temporary disability, while 18 sessions of physical therapy, acupuncture, and extracorporeal shockwave therapy were sought in conjunction with a functional capacity evaluation. On February 5, 2014, the applicant was placed off of work, on total temporary disability. The applicant was using a cane to move about at that point. On March 10, 2014, the applicant was again placed off of work, on total temporary disability, while localized intense neurostimulation therapy was endorsed. The applicant was still using a cane at

that point in time. On June 6, 2014, the applicant was again described as using a cane. 7-8/10 multifocal pain complaints were reported. The applicant was placed off of work, on total temporary disability, while MRI imaging of multiple body parts, including the mid back, low back, and hip was sought. Additional localized intense neurostimulation therapy, topical Terocin, and physical therapy were sought.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Active and passive physiotherapy two (2) times a week for six (6) weeks for the left hip:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** While the Postsurgical Treatment Guidelines in MTUS 9792.24.3 do support a general course of 14 sessions of treatment for hip synovectomy procedure, as apparently transpired here, this recommendation, however, is qualified by commentary in MTUS 9792.24.3.c.4.b to the effect that postsurgical treatments shall be discontinued at any point during the postsurgical treatment period in applicants in whom no functional improvement is demonstrated with earlier treatment. In this case, the applicant is off of work, on total temporary disability, despite having had at least nine prior sessions of physical therapy through the date of the request, per the claims administrator. The applicant remains dependent on a variety of topical compounds and other forms of medical treatment, including extracorporeal shockwave therapy, localized intense neurostimulation therapy, manipulative therapy, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.