

Case Number:	CM14-0060019		
Date Assigned:	07/09/2014	Date of Injury:	12/20/2011
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/30/2014

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:

According to the submitted documents, this is a 54-year-old male injured 12/20/2011. Per 5/15/13 initial Orthopedic evaluation he was reportedly getting out of a trailer, slipped on ice and "did the splits". Following that he had bilateral groin pain with worsening symptoms. The only treatments as of that time were x-rays and MRI. Diagnosis then were right worse than left avascular necrosis of femoral head. Surgery for the right hip was recommended. There is a 7/23/13 operative report for a right total hip arthroplasty. There is a PTP report from pain management dated 2/25/14 indicating the patient was there for bilateral hip pain. He was status post left hip replacement surgery done 12/10/ 2013 and was about 2 months post surgery. He was continuing PT and taking Norco. Plan was to taper that. He was also prescribed relafen. There is a 3/17/14 PT report indicates patient had 24 visits to date. That report recommended continued physical therapy 2-3 times a week for 6 weeks then probably discontinue to home program. 4/2/14 report documents and increased pain patient felt was from physical therapy and bilateral groin pain. The exam shows range of motion was tolerated well, there was strength 4/5. PT 2-3 times a week for 4-6 weeks was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2-3x weeks x 4-6 weeks (18 visits): Upheld

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

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

Decision rationale: MTUS postsurgical guidelines recommend 24 visits over 4 months following hip arthroplasty. Documents indicate there have been up to 26 sessions of PT thus far. The patient was about 4 months postop at the time of request. The patient has been making gains and there is no documentation for why this patient could not continue to show progress with range of motion and strengthening with an independent home rehabilitation program.oes not require supervision from a licensed physical therapist. There is no rationale provided for why this patient would require additional formal physical therapy and supervision from a liscened therapist. Thus, based upon the evidence and the guidelines, is not medically necessary and appropriate.