

Case Number:	CM14-0064687		
Date Assigned:	07/11/2014	Date of Injury:	11/18/2011
Decision Date:	09/30/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/07/2014

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 Family 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:

This is a 45-year-old female patient who reported an industrial injury on 11/18/2011, almost three (3) years ago, attributed to the performance of her usual and customary job tasks when she reportedly had a trip and fall into a light fixture with resulting pain to the to the LUE, lower back, and right hip. The patient subsequently underwent a lumbar spine fusion at L5-S1 and arthroscopy of the left hip with synovectomy. The patient continued to complain of lower back pain that no longer radiates and constant right hip pain. There is no pain to the LUE. The AME diagnoses for the patient included history of left upper extremity abrasions and contusions, which is resolved without any persistent associated symptoms; degenerative disc disease and disc herniation, plus an annular disc disruption at the lumbar spine at L5-S1 associated with lower extremity radiculitis status post a stand-alone anterior interbody fusion at L5-S1 plus persistent mild to moderate facet spondylosis at L4-L5 and at L5-S1 is well as resolve lower extremity radiculitis; and right hip synovitis status post an arthroscopic synovectomy associated with mild right antalgic gait. The recommendations for future medical care included anti-inflammatory; physician visits every 3 to 6 months; possible medial branch block; possible RFA; possible posterior fusion at L5-S1 and less likely at L4-L5; not a candidate for any lumbar epidural steroid injections; right hip maintenance medications without any other intervention with possible repeated right hip arthroscopic to cleanout reactive synovitis again.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy on the right hip (no duration listed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip and pelvis chapter-physical therapy.

Decision rationale: The treating physician did not provide subjective/objective evidence to support the medical necessity of the additional physical therapy for the treatment of the patient's postoperative rehabilitation of the right hip over the number of sessions recommended by the CA MTUS or over the recommended participation in a self-directed home exercise program. The patient was documented to have continued discomfort but was not documented to be participating in HEP. The patient was documented be status post right hip arthroscopy with synovectomy. The patient was provided with the MTUS recommended number of sessions of postoperative rehabilitation physical therapy. There are no documented objective findings of weakness or muscle atrophy to support the medical necessity of additional sessions of physical therapy. The requested unspecified number of sessions of physical therapy significantly exceeded the recommendations of the CA MTUS as to the recommended number of sessions and the recommended time period for rehabilitation. The request for additional physical therapy was not supported with any clinical rationale from the treating physician for the treatment of the right hip as the patient has completed a significant number of sessions of physical therapy. The request was made based on the objective findings documented to the right hip; however, there was no provided objective evidence to support the medical necessity of additional sessions of physical therapy directed to the hip beyond the recommendations of the evidence-based guidelines. The patient should be performing strengthening and conditioning exercise is a self-directed home exercise program without the necessity of professional supervision. It is not clear that the additional strengthening and conditioning cannot be accomplished in a self-directed home exercise program. There is no objective evidence provided that precludes the patient from participating in a home exercise program. There is no demonstrated medical necessity for the requested unspecified number of additional sessions of physical therapy directed to the postoperative right hip.