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| Case Number: | CM14-0079710 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 10/04/2010 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 Physical and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 10/4/10. A utilization review determination dated 5/15/14 recommends non-certification of physical therapy. 4/7/14 medical report identifies that the patient is over six months out from hip arthroscopy with labral debridement, femoral neck resection and chondroplasty. On exam, internal rotation is 20 degrees with mild discomfort. Straight Leg Raise and palpation of the lateral thigh produces mild discomfort. Plan includes pain management evaluation as recommended by the FCE to progress her activity level. The provider noted that it was also reasonable to consider a work hardening course to increase her functional level.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy on Right Hip (2x for 6weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 10 sessions and cites that "patients are instructed and expected to continue active therapies at

home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, the patient underwent hip arthroscopy over six months prior to the request and apparently had a course of PT, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.