

Case Number:	CM14-0084887		
Date Assigned:	07/23/2014	Date of Injury:	02/05/2012
Decision Date:	08/27/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/06/2014

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 Orthopedic Surgery and is licensed to practice in Texas and Colorado. 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 60-year-old female who reported an injury on 02/05/2012 due to a kick in the abdomen/groin area that resulted in abdominal wall/groin contusions, lumbar strain, and vaginal prolapse. The injured worker's treatment history included physical therapy and medications. The injured worker ultimately underwent right hip arthroscopy with chondroplasty and iliopsoas release on 11/27/2013 followed by postoperative physical therapy. The injured worker was evaluated on 02/28/2014. Physical findings included tenderness to palpation over the right groin area and right lower quadrant. The injured worker had restricted range of motion with weakness in hip flexion. The injured worker's diagnoses included status post right hip arthroscopy, labral debridement, and iliopsoas release. Continuation of physical therapy was recommended. The injured worker was again evaluated on 05/13/2014. It was documented that the injured worker had ongoing weakness and pain that increased at night. Physical findings included restricted range of motion secondary to pain with a positive straight leg raise test on the right at 30 degrees and restricted right-sided range of motion of the hip with decreased motor strength in the right lower extremity. The injured worker's diagnoses included lumbar spine herniated disc, urinary retention and constipation, right hip myoligamentous injury, stress, anxiety, and depression, and sleep deprivation. A request was made for additional physical therapy for the right hip and medical transportation to and from appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Hip: Upheld

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

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

Decision rationale: The requested physical therapy for the right hip is not medically necessary or appropriate. The clinical documentation submitted for review indicated that the injured worker's surgical intervention was well over 6 months ago. Therefore, chronic pain management treatment guidelines would apply. California Medical Treatment Utilization Schedule recommends physical therapy is continued based on objective functional improvement. The clinical documentation submitted for review does not provide any evidence of objective functional improvement between 02/2014 and 05/2014. Additionally, there is no documentation that the injured worker has been transitioned into a home exercise program. California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. There are no factors noted to preclude further progress of the patient while participating in a home exercise program. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested physical therapy for the right hip is not medically necessary or appropriate.