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| Case Number: | CM14-0093953 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 08/20/2010 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 06/13/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

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 Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 55-year-old male who reported an injury on 08/20/2010. The mechanism of injury was not provided for review. The injured worker's treatment history included total hip replacement. The injured worker was evaluated on 05/22/2014. It was documented that the injured worker was employed in a position that contributed to a significant amount of stress on his hip and body. It was noted that the injured worker was happy with the results of his surgery; however, had ongoing pain complaints due to significant physical activity during performance of normal job duties. Physical findings included smooth and normal range of motion of the hip with no tenderness to palpation of the hip area. It was noted that the injured worker had undergone an x-ray that documented the injured worker's acetabular and femoral implants were stable and in satisfactory position. The injured worker's diagnosis included status post right total hip replacement. The injured worker's treatment plan included physical therapy for strengthening and stretching and Celebrex to assist with pain control. No Request for Authorization Form was provided to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY QTY. 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE.

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

Decision rationale: The requested physical therapy quantity 12 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 10 visits of physical therapy for myofascial, radicular, and neuropathic pain. The clinical documentation submitted for review does not provide any evidence that the injured worker is participating in a home exercise program. As the patient has pain and is 1 and a half years' status postsurgical intervention, physical therapy, a course of physical therapy would be an appropriate course of treatment. However, the request exceeds guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Furthermore, the request as it is submitted does not clearly identify a body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested physical therapy quantity 12 is not medically necessary or appropriate.