

Case Number:	CM14-0001049		
Date Assigned:	01/22/2014	Date of Injury:	03/29/2010
Decision Date:	04/16/2015	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 50 year old male who sustained an industrial related injury on 3/29/10. The injured worker had complaints of left hip pain. Diagnoses included unresolved left hip pain 6 weeks postoperative hip replacement, right hip impingement syndrome, radiculitis on the left at C7, and chronic low back pain with paroxysmal left sided radiculitis and sciatica. Treatment included a left hip arthroscopy on 10/17/12, left total hip arthroplasty on 6/25/13, right hip cortisone injection, left shoulder subacromial decompression ,Mumford procedure, debridement of the glenoid labrum, and anterior rotator cuff surgery on 10/21/11, right shoulder Bristow procedure and anterior capsular reconstruction, secondary right shoulder arthroscopy with subacromial decompression, Mumford procedure, synovectomy, and rotator cuff repair on 6/18/10, 3 epidural injections to the lumbar spine, and physical therapy. The treating physician requested authorization for physical therapy 2x6 for the left hip. On 12/13/13 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker had completed 30 physical therapy sessions. The injured worker's functional status was not documented and additional physical therapy would exceed guideline recommendations. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LEFT 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, Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: The injured worker had undergone a left total hip arthroplasty on June 25, 2013. AME dated September 25, 2013 indicated complaint of unresolved hip pain after surgery. Documentation indicates 30 postoperative physical therapy visits had been completed at the time of the request for additional physical therapy. The cause of the pain and functional limitations were not documented. He also complained of low back pain. California MTUS postsurgical treatment guidelines indicate 24 visits over 10 weeks for a total hip arthroplasty. The initial course of therapy is 12 visits and then with documentation of continuing objective functional improvement a subsequent course of therapy of the remaining 12 visits may be prescribed. The postsurgical physical medicine treatment period is 4 months which expired on 10/25/2013. Therefore the postsurgical treatment guidelines did not apply. However, using the chronic pain guidelines, fading of treatment frequency from up to 3 visits per week to one or less plus active self-directed home physical medicine is recommended in the presence of continuing functional improvement. However, the documentation indicated continuing left hip pain and there was no objective functional improvement documented. As such, the request for additional physical therapy 2 times a week for 6 weeks was not supported by guidelines and the medical necessity of the request was not substantiated.