

<b>Case Number:</b>	CM14-0111963		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 claimant has a history of a cumulative trauma work injury with a date of injury of 02/20/13 when he had increasing radiating low back pain while pushing and pulling carts. He continues to be treated for right greater than left hip pain. Treatments have included injections and multiple courses of physical therapy. He was seen on 06/05/14. He had been out of work since February 2013. He was having severe pain. Medications included Norco 4-5 times per day. Physical examination findings included a height of 5 feet, 10 inches and weight 245 pounds which corresponds to a BMI of 35.2 and a diagnosis of obesity. He had bilateral hip tenderness with painful range of motion and left Trendelenberg sign. He was noted to ambulated with a cane. He had decreased lower extremity strength. There was positive Fabere and Patrick testing. Imaging results were reviewed showing bilateral hip osteoarthritis. There was consideration of hip replacement surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health physical therapy three times a week times two weeks for the right hip:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Pain (Chronic), Home health services

**Decision rationale:** The claimant is being treated for advanced hip osteoarthritis. He has already had land based physical therapy without benefit. Home health services are recommended only for necessary medical treatments for patients who are home bound and unable to perform treatments without assistance. In this case, the claimant has been able to participate in outpatient physical therapy treatment, although he might be considered a candidate for a trial of pool based therapy instead, this would not be possible with home based treatments. Therefore, the requested home health physical therapy three times a week times two weeks was not medically necessary.