

Case Number:	CM14-0180482		
Date Assigned:	11/05/2014	Date of Injury:	02/20/2013
Decision Date:	06/30/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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. 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: California, Indiana, Oregon
 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 56-year-old male, with a reported date of injury of 02/20/2013. The diagnoses include left hip pain, left hip osteoarthritis, and pelvis joint pain. Treatments to date have included oral medications; and an x-ray of the left hip, which showed moderate joint space narrowing, decreased femoral head-neck offset, an acetabular pincer lesion, a marginal bone spur, and subchondral cyst formation. The medical report dated 09/16/2014 indicates that the injured worker's left hip was very painful, and she was looking forward to the left total hip arthroplasty in November. The objective findings include documentation about the right hip. There is no documentation of a left hip examination. The medical report dated 08/06/2014 indicates that the left hip examination showed a limited exam due to pain, tenderness of the groin and greater trochanter, pain/tenderness with passive range of motion, pain with resisted straight leg raise, positive Faber test, and positive Patrick's test. The treating physician requested sixteen (16) physical therapy sessions for the left hip.

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 8 Weeks to The Left Hip: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. CA MTUS post-surgical guidelines page 23, recommends 18 visits over 12 weeks after total hip arthroplasty with half the recommended visits to be initially approved pending re-evaluation. In this case, the requested number of visits exceeds the guidelines and is therefore not medically necessary.