

Case Number:	CM14-0191502		
Date Assigned:	11/25/2014	Date of Injury:	02/28/2005
Decision Date:	01/20/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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 34 year old female with a history of an old industrial injury from lifting 5 gallon paint cans on 2/25/2005. She is status post 2 left knee arthroscopies on 2/22/2008 and 6/9/2010, right shoulder surgery on 1/10/2008, and has a history of pain in the neck, right shoulder, both upper extremities, right more than left, low back pain, left hip pain, and left knee pain. At this time she was found to have a mixed pincer and CAM type femoral ace tabular impingement and labral tearing resistant to conservative modalities. She underwent an MR Arthrogram and then had surgery on 8/21/2014 consisting of left hip arthroscopic femoroplasty, acetabuloplasty, labral repair, and synovectomy. The findings included grade 3 chondromalacia of anterior superior acetabular rim, wave sign consistent with CAM impingement, bruising of the labrum and synovitis consistent with a pincer impingement. Postoperatively she had 9 sessions of physical therapy with continuing pain. Another 16 sessions were requested and modified by UR to 8 sessions, with the rationale that after a total of 17 sessions she could transition to a home exercise program. The guidelines recommend 18 visits for arthritis related disorders of the hip and 14 visits for synovectomy. The reviewer felt that this procedure was somewhere between the two.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Sessions of Post-Operative Physical Therapy for the Left Hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23, 10, 11.

Decision rationale: The Post-Surgical Treatment Guidelines recommend a general course of therapy of 18 visits over 12 weeks for osteoarthritis of the hip and allied disorders with a post-surgical physical medicine treatment period of 6 months. The initial course of therapy is one half of this number which is 9 visits. With documentation of objective functional improvement a subsequent course of 9 visits may be prescribed within these parameters. The documentation indicates that 9 sessions had been completed prior to this request and UR had certified another 8 sessions with transition to a home exercise program. Additional physical therapy can only be prescribed with documentation of continuing objective functional improvement if it is determined that additional functional improvement is likely. Such documentation has not been provided. Also there is no reason why she cannot transition to a home exercise program after completing the 17 visits. Based on the above the request for the additional 16 sessions of physical therapy is not supported and as such, the medical necessity has not been substantiated. The request is not medically necessary.