

<b>Case Number:</b>	CM14-0198538		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, and is licensed to practice in California. 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 underlying date of injury in this case is 08/08/2011. The date of utilization under appeal is 11/07/2014. On 09/18/2014, the patient was seen in orthopedic followup. The patient was noted to be two weeks status post a left total hip arthroplasty and had been doing well appropriately for the patient's postoperative course. The wound was clean, dry, and intact. The patient had appropriate range of motion. The plan was for the patient to continue with physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy to The Left Hip 3 Times per Week for 6 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Post Surgical Treatment Guidelines section on the hip, page 23 recommends 24 visits over 10 weeks status post arthroplasty. This guideline recommends 12 of those visits as initial therapy. Thus, the current request for 18 visits exceeds the treatment guidelines for initial physical therapy treatment after this patient's surgery. The medical records do not provide a rationale for an

exception to the guidelines, as the records indicate that this patient is doing as anticipated postoperatively. Therefore, this request is not medically necessary.