

Case Number:	CM14-0202010		
Date Assigned:	12/12/2014	Date of Injury:	05/24/2011
Decision Date:	02/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 70 year old patient with date of injury of 05/24/2011. Medical records indicate the patient is undergoing treatment for fractured right femur at the site of a previous total hip replacement post multiple surgeries, leg pain, hip joint inflammation and a discogenic lumbar condition. Subjective complaints include pain 6/10, stiffness, cramping in the right leg, numbness and tingling in the right leg with prolonged sitting. The patient also has constipation, sleep issues, and elements of depression. Objective findings include blood pressure is at 140/95 and pulse is 74. The left upper extremity laterally abducts to 130 degrees; lumbar flexion to 45 degrees and extension to 10 degrees; right lower extremity extends to 175 degrees and flexes to 100 degrees. Treatment has consisted of 34 physical therapy sessions in 2014, use of a cane, TENS unit, Miralax, Prilosec, Flexeril, Ultram and Oxycontin. The utilization review determination was rendered on 11/25/2014 recommending non-certification of 24 PHYSICAL THERAPY VISITS FOR THE RIGHT HIP.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Physical Therapy Visits for the Right Hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG Recommends: Fracture of neck of femur (ICD9 820) - Medical treatment: 18 visits over 8 weeks; Post-surgical treatment: 24 visits over 10 weeks; Fracture of pelvis (ICD9 808) - Medical treatment: 18 visits over 8 weeks; Post-surgical treatment: 24 visits over 10 weeks. The medical documentation provided indicates that this patient has attended at least 34 physical therapy sessions in 2014 which is in excess of guideline recommendations. The treating physician has not provided documentation of "exceptional factors" that would allow for treatment duration in excess of the guidelines. As such, the request for 24 Physical Therapy Visits for the Right Hip is not medically necessary.