

<b>Case Number:</b>	CM14-0208537		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/02/2007
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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: Maryland, District of Columbia  
 Certification(s)/Specialty: Internal Medicine

### 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 employee was a 65 year old female who sustained an industrial injury on 08/02/07. His history was significant for spinal fusion in 2011 and left hip replacement in March 2014. In the note from July 8, 2014, she was noted to have had total hip replacement. She was noted to need physical therapy to strengthen her back and hip musculature with gait training. She was noted to be very unsteady and needed physical therapy. The physical therapy note from 08/25/14 noted that 12 visits had been completed. She was noted to have improving pain, improving gait, decreased tenderness and was recommended to continue 2 visits a week for four weeks. The progress note from 11/13/14 was reviewed. She had no complaints. She needed to get 12 visits of physical therapy. The pain was improving slowly. She had a history of spinal fusion in 2011 and epidural steroid injection in 2010. X-rays showed good position of the screws and cages, good consolidation of the fusion mass. She had some right sided hip pain and the provider thought that she would benefit from doing more physical therapy to her hip with stabilization and continuing her pain medication on a PRN basis. Pertinent examination findings included pain with extension and rotation of the spine with good range of motion of the hips, knees and ankles. Impression included disc degeneration of lumbar spine, facet arthropathy, status post blocks and fusion in the past. The plan of care included physical therapy for right hip and lumbar spine with stabilization exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) sessions of physical therapy over 6 weeks for the left hip and lumbar spine:**  
Overturned

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

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

**Decision rationale:** The employee was a 65 year old female who sustained an industrial injury on 08/02/07. His history was significant for spinal fusion in 2011 and left hip replacement in March 2014. In the note from July 8, 2014, she was noted to have had total hip replacement. She was noted to need physical therapy to strengthen her back and hip musculature with gait training. She was noted to be very unsteady and needed physical therapy. The physical therapy note from 08/25/14 noted that 12 visits had been completed. She was noted to have improving pain, improving gait, decreased tenderness and was recommended to continue 2 visits a week for four weeks. The progress note from 11/13/14 was reviewed. She had no complaints. She needed to get 12 visits of physical therapy. The pain was improving slowly. She had a history of spinal fusion in 2011 and epidural steroid injection in 2010. X-rays showed good position of the screws and cages, good consolidation of the fusion mass. She had some right sided hip pain and the provider thought that she would benefit from doing more physical therapy to her hip with stabilization and continuing her pain medication on a PRN basis. Pertinent examination findings included pain with extension and rotation of the spine with good range of motion of the hips, knees and ankles. Impression included disc degeneration of lumbar spine, facet arthropathy, status post blocks and fusion in the past. The plan of care included physical therapy for right hip and lumbar spine with stabilization exercises. According to MTUS, Post surgical treatment guidelines, 24 visits over 10 weeks are recommended after arthroplasty/fusion of hip. The employee had 12 visits of physical therapy until August 2014 and had still gait problems and pain with range of motion. Hence the request for 12 more visits of physical therapy is medically necessary and appropriate.