

Case Number:	CM15-0100738		
Date Assigned:	06/08/2015	Date of Injury:	11/30/2011
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female, who sustained an industrial injury on 11/30/2011. She has reported injury to the left hip. The diagnoses have included left hip pain; left hip recurrent trochanteric bursitis; left hip synovitis; left hip sciatic nerve entrapment; status post left hip arthroscopy with labral debridement, trochanteric bursectomy, and sciatic nerve neurolysis, on 02/02/2015. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included. A progress note from the treating physician, dated 03/30/2015, documented a follow-up visit with the injured worker. The injured worker reported that she is eight weeks postoperative left hip surgery; progressing well with mild pain; attending physical therapy and is tolerating advancing activities with no difficulty; and the physical therapy activities have progressed to include light stretching and exercise bike. Objective findings included healed incisions with no edema; no signs of infection; neurological examination is normal with no signs of deep vein thrombosis; hip range of motion with mild discomfort; straight leg raise and palpation of the lateral thigh produce no discomfort; strength testing reveals 4+/5 strength throughout with no pain; and her gait is normal. The treatment plan has included the request for outpatient additional post-op physical therapy to the left hip six (6) times a week for three (3) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional post-op physical therapy to the left hip six (6) times a week for three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS guidelines, web-based edition, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Physical Therapy Guidelines.

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

Decision rationale: Regarding the request for physical therapy, CA MTUS supports up to 24 postoperative PT sessions, with half that amount recommended initially and additional sessions supported in the presence of functional improvement. Within the documentation available for review, it appears that 24 PT sessions were previously authorized. The documentation suggests some nonspecific improvement with prior sessions, but there is no clear rationale for extending PT beyond the 24 sessions already authorized with the addition of 18 more sessions. In light of the above issues, the currently requested additional physical therapy is not medically necessary.