

Case Number:	CM15-0101639		
Date Assigned:	06/04/2015	Date of Injury:	03/02/2012
Decision Date:	07/09/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

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 (IW) is a 54-year-old male who sustained an industrial injury on 03/02/2012. He reported injury to his low back with left anterior thigh symptoms post injury. The injured worker was diagnosed as having osteoarthritis, localized, primary, pelvic region and thigh; and unspecified orthopedic aftercare; pain in joint, pelvic region and thigh; and difficulty in walking. Treatment to date included prior treatment of his low back without resolution of symptoms in his hip. The IW had a left hip arthroscopy with labrum resection done 11/13/2014. Currently, the injured worker complains of increased stiffness to left hip as well as a feeling of "dryness" to his hip. The worker notes soreness after additional exercises in last physical therapy session. Soreness is aggravated by standing/walking/ pivoting, bending to don shoes, and climbing stairs. His pain level is rated a 5/10 at its worst and a 4/10 at best with a current score of 4/10 and a description of his pain as constant. The IW's left (L) hip flexion on has progressed from 78 degrees on 12/30/2104 to 91 degrees current. Left Hip extension is 19 degrees (progressed from 6 degrees on 12/30/2014). Left hip abduction is 22 degrees (increased from 12 degrees on 12/30/2014), and internal rotation is 20 degrees (21 degrees on 12/30/2014). External rotation on the left is 35 degrees (progressed from 23 degrees on 12/30/2014), and gains have been made in motor strength. He still has difficulty donning socks and shoes, standing for periods longer than 15 minutes while performing Activities of Daily Living, and feels unstable and weak while walking on uneven terrain. On 04/16/2015, the worker had his 29th physical therapy visit. A request for authorization is made for Physical therapy 3 times per week for 4 weeks for the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times per week for 4 weeks for the left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in March 2000 and underwent left hip arthroscopic surgery in November 2014 with labral resection and osteoplasty. Treatments included postoperative physical therapy. When seen, he was attending physical therapy two times per week and swimming three times per week. There had been an overall 60% improvement. Physical examination findings included range of motion without pain. There were no reported gait abnormalities. Authorization for additional physical therapy was requested. As of this date, the claimant had already completed 21 treatment sessions. Physical therapy treatments after the surgery performed could reasonably be expected to include up to 18 treatment sessions over 12 weeks. In this case, when requested the claimant had already attended a course of physical therapy, which would have included instruction in a home exercise program. The number of additional visits being requested is in excess of the guideline recommendation or what would be needed to finalize the claimant's home exercise program. The request is not medically necessary.