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| Case Number: | CM15-0106785 | | |
| Date Assigned: | 06/11/2015 | Date of Injury: | 03/21/2014 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/12/2015 |
| Priority: | Standard | Application Received: | 06/03/2015 |

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

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 31 year old female, who sustained an industrial injury on 3/21/14. She reported pain in her left hip after a slip and fall accident. The injured worker was diagnosed as having left hip labral tear and femoroacetabular impingement. Treatment to date has included a left hip arthroscopy on 1/30/15, physical therapy and Naprosyn. On 3/23/15, the injured worker reported doing much better with physical therapy and happy with her progress. As of the PR2 dated 5/4/15, the injured worker reports occasional hip popping. She is unable to do a single leg squat because of the weakness down the leg, but has good motion. The treating physician requested additional physical therapy 2 x weekly for 6 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:

Additional physical therapy 2 x 6 for the left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip and Pelvis Chapter, Physical Medicine Treatment.

Decision rationale: The patient presents with pain in the left hip. The request is for Additional Physical Therapy 2 x 6 for the hip. Patient is status post left hip arthroscopy surgery 01/30/15. Examination to the left hip on 01/22/15 revealed pain with internal rotation and flexion past 90 degrees and positive impingement signs. Patient has had physical therapy treatments with benefits. Per 02/24/15 progress report, patient's diagnosis includes left hip arthroscopy with labral repair, doing well. Patient's medications, per 05/04/15 progress report include Naprosyn, Prilosec, and Ambien. Patient's work status is temporarily disabled. Regarding post-op hip arthroplasty therapy treatments, ODG guidelines, Hip and Pelvis Chapter, Physical Medicine Treatment section states: "Post-surgical treatment, arthroplasty/fusion, hip: 24 visits over 10 weeks." ODG also states: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). Sprains and strains of hip and thigh (ICD9 843): 9 visits over 8 weeks." In progress report dated 05/04/15, under Plan, treater is requesting more physical therapy for strengthening. Patient is status post right hip arthroscopy surgery 01/30/15. ODG Guidelines allow 24 sessions of post-operative physical therapy over 10 weeks. The patient is not within post-operative time frame as the surgery was on 01/30/15 and review of the medical records provided indicates that the patient has completed 19 sessions of physical therapy from 02/18/15 to 05/01/15. However, treater has not documented functional benefits with physical therapy. Furthermore, the request for 12 additional sessions exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.