

Case Number:	CM15-0107187		
Date Assigned:	06/11/2015	Date of Injury:	06/17/2014
Decision Date:	07/13/2015	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, Indiana, New York
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 injured worker is a 60 year old male, who sustained an industrial injury on 6/17/2014. He reported a fall resulting in a right hip fracture. Diagnoses include acetabulum fracture, right, with delayed healing, nonunion of fracture. He is status post right acetabular Open Reduction, Internal Fracture (ORIF) on 1/27/15 for a diagnoses of a right acetabular fracture nonunion. Treatments to date include activity modification, physical therapy and medication management. Currently, he reported some improvement in pain. He reported being able to weight bear as tolerated walking about 100 feet with a cane. On 4/6/15, the physical examination documented he still had a Trendelenburg. The provider documented there was still a significant gait and balance deficits noting he was less than three months from surgery. The plan of care included continuation of physical therapy for the right hip, twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the right hip is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are status post nonunion repair right hip. The date of injury was June 17, 2014. The injured worker underwent surgery January 29, 2015 open reduction internal fixation right as a tabular nonunion with iliac crest bone graft. Objectively, according to an April 6, 2015 progress note, physical examination showed a normal neurologic examination distally. It was full range of motion of the joint above and below (the hip) compared to the contralateral lower extremity. The hip was supple. The treatment plan was to weight bear as tolerated with no restrictions. Continue physical therapy because he is less than three months since the nonunion repair. There are significant gait and balance deficits that need additional therapy. The total number of physical therapy sessions to date are not contained within the medical record documentation. The guidelines recommend a six visit clinical trial. Pending objective functional improvement, additional physical therapy may be clinically warranted. The treating provider progress notes do not provide evidence of objective functional improvement. There are no compelling clinical facts in the medical record indicating additional physical therapy (over and above the recommended guidelines) is clinically warranted. Consequently, absent clinical documentation with objective evidence of functional deficit, the total number of physical therapy sessions rendered to date, objective functional improvement (of prior PT sessions) and compelling clinical documentation indicating additional physical therapy (over and above the recommended guidelines) is clinically warranted, physical therapy two times per week times six weeks to the right hip is not medically necessary.