

Case Number:	CM15-0108925		
Date Assigned:	06/18/2015	Date of Injury:	01/28/2014
Decision Date:	07/16/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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: Orthopedic Surgery

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 51 year old female who sustained an industrial injury on 1/28/14 when she fell injuring her left ankle, left hip and knee. She initially took Motrin. She currently complains of left hip, knee, and ankle pain with a pain level of 5/10. Her left knee pain is resolving but her left hip pain is ongoing with left groin pain. She has sleep disturbances due to pain. On physical examination the left hip revealed severe pain with range of motion. Medications are ibuprofen and Protonix. Diagnoses include left hip partial obturator extremus tear; left hip mild gluteus medius tendinosis/ tendinopathy; left hip greater trochanteric bursitis. Treatments to date include physical therapy; medication. Diagnostics include MRI arthrogram left lower extremity joint (9/19/14) showing high grade partial tear of obturator tendon, tendinopathy, trochanteric bursitis; MRI left hip (4/2/14) that was normal. On 5/22/15 the treating provider requested post-operative physical therapy three times a week for 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions, 3 times a week for 2 months, quantity: 24.00: Upheld

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

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

Decision rationale: CA MTUS Post surgical treatment guidelines, page 23, states following hip synovectomy, Postsurgical treatment is 14 visits over 3 months. Postsurgical physical medicine treatment period is 6 months. As the request exceeds the maximum number of visits, the request for physical therapy 3 times a week for 2 months, quantity: 24.00 are not medically necessary.