MAXIMUS Federal Services

| Case Number: | CM15-0109222 | | |
|---|---|---|---|
| Date Assigned: | 06/18/2015 | Date of Injury: | 05/05/2011 |
| Decision Date: | 08/12/2015 | 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, Indiana, Oregon
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 67 year old female who sustained an industrial injury on 5-5-11. Diagnoses are hip pain second to fracture-right, contracture of joint of pelvic region and thigh - bilateral, pain in limb-left wrist, other specified depressive disorder, anxiety stated not elsewhere classified, greater trochanteric bursitis, acquired unequal leg length, sprains and strains of hip and thigh not otherwise specified, encounter for long term use of other medications, and status post closed right hip reduction-3-21-15. In a progress report dated 5-27-15, the physician notes the chief complaint of back and leg pain. She has started Butrans and states she is walking better and doing home physical therapy. She rates her pain as 8 out of 10. Current medications are Pantoprazole Sodium, Enalapril, Cymbalta, Lunesta, Gabapentin, Oxycontin, Zanaflex, Hydroxyzine, Oxycodone, Motrin, Clonidine, Ativan, and Olanzapine. She has a slowed gait and uses a walker. Recommended regular icing, and Motrin, continue with pain counseling to improve coping, continue home physical therapy, discontinue Oxycontin and Oxycodone, discontinued Clonidine and Volateren, and changed Gabapentin 300mg. The last urine drug screen was positive for Oxy and Norco, a repeat will be done this day. Work status is temporary total disability. The requested treatment is associated surgical service: physical therapy for the right hip, for a quantity of 12 to 24 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Physical therapy for the right hip, quantity: 12 to 24 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Postoperative guidelines, Arthroplasty.

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

**Decision rationale:** CA MTUS post-surgical guidelines page 23, recommends 18 visits over 12 weeks after total hip arthroplasty with half the recommended visits to be initially approved pending re-evaluation. In this case the requested number of visits exceeds the guidelines. Therefore this request is not medically necessary.