

Case Number:	CM15-0110000		
Date Assigned:	06/16/2015	Date of Injury:	09/07/2012
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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 29-year-old male, who sustained an industrial injury on September 7, 2012. He reported right hip pain. The injured worker was diagnosed as having status post right arthroscopic labral repair versus chondroplasty and synovectomy. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the right hip, conservative care, medications and work restrictions. Currently, the injured worker complains of continued pain in the right hip. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 15, 2015, revealed improved pain. It was noted he was attending physical therapy for the right hip, was non-weight bearing and using crutches for ambulation. Additional physical therapy for the right hip was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of physical therapy at right hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Treatment Guidelines for hip/lower leg; labral tear/ chondroplasty/ synovectomy; 14 sessions over 3 months.

Decision rationale: Review indicates the patient underwent left hip arthroscopy for labral repair versus debridement, chondroplasty and synovectomy on 4/30/15. The patient was authorized 12-16 post-op PT visits on 4/7/15. Per report, the patient has only completed 3 PT visits to date with current request for an additional 12 sessions. Post-surgical Guidelines allow for 14 post-op PT visits over a period of 3 months of which the patient has already been authorized. Submitted reports have not demonstrated the indication or extenuating circumstances to support for additional therapy outside guidelines criteria. The 12 Sessions of physical therapy at right hip is not medically necessary and appropriate.