

Case Number:	CM15-0014189		
Date Assigned:	02/02/2015	Date of Injury:	01/06/2011
Decision Date:	04/03/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/26/2015

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 was a female, who sustained an industrial injury, January 6, 2011. According to progress note of December 8 2014, the injured workers chief complaint was right hip pain. The injured walked with a limp. The injured worker was receiving good pain control from the orthovisc injections. The physical exam of the right hip noted tenderness at the right hip site. The right hip had decreased range of motion. An X-ray was taken which showed decreased joint space with only 1mm joint space remaining and consistent with moderately advanced osteoarthritis of the right hip. The injured worker was diagnosed with right hip osteoarthritis, right hip impingement, right hip pain, right hip degenerative joint disease, right hip labral tear and right hip cartilage erosion. The injured worker previously received the following treatments physical therapy, X-ray of the right hip, right hip injection and right hip arthroscopy. December 8, 2014, the primary treating physician requested authorization for Physical therapy 2 times a week for 3 weeks and orthovisc injection to the right hip. On December 26, 2014, the Utilization Review denied authorization for Physical therapy 2 times a week for 3 weeks and orthovisc injection to the right hip. The denial was based on the MTUS/ACOEM and ODG guidelines.

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 3 weeks to the right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Hip: Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with worsening right hip pain. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS FOR RIGHT HIP. The RFA provided is dated 12/08/14. Patient was diagnosed with right hip osteoarthritis, right hip impingement, right hip pain, right hip degenerative joint disease, right hip labral tear and right hip cartilage erosion. Patient most recently underwent an orthovisc cortisone injection to the right hip per procedure note dated 08/26/14. Per treater report dated 12/08/14, treater states the injection "relieved much of his symptoms, but his osteoarthritis continues to be a problem." Treatment to date has included physical therapy, X-ray of the right hip, right hip injection and right hip arthroscopy. Patient is working full duty as of 10/31/14. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided a reason for request. Given patient's diagnosis, a short course of physical therapy would be indicated. However, patient has had physical therapy in the past and treatment history has not been provided. Treater has not discussed efficacy of prior treatment, either. Additional 6 session of physical therapy cannot be substantiated based on guidelines. Therefore, the request IS NOT medically necessary.