

Case Number:	CM15-0130320		
Date Assigned:	07/16/2015	Date of Injury:	10/24/2013
Decision Date:	08/20/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old female who sustained an industrial injury on 10/24/13. She had complaints of severe leg pain. Progress report dated 2/3/15 reports follow up for right hip arthroscopy and labral repair and iliopsoas tendon release. She had three months of physical therapy and the pain is improving. Overall, she is still weak and her range of motion is not full. Diagnosis: three months post status right hip arthroscopy. Plan of care includes: another course of physical therapy. Work status: may return to work 2/16/15 with restrictions of no lifting, pushing, pulling more than 10 pounds, no kneeling, squatting or stooping. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 for right hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 23.

Decision rationale: The claimant sustained a work injury in October 2013 and underwent arthroscopic surgery for the treatment of femoroacetabular impingement syndrome. Case notes reference completion of at least 20 physical therapy sessions. When seen, she had decreased and painful right hip range of motion. There was right hip pain and tenderness over the iliopsoas muscle. Authorization for an additional eight physical therapy treatment sessions was requested. Guidelines recommend up to 18 physical therapy sessions over 12 weeks after the surgery performed. The claimant has already had physical therapy in excess of that recommended. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. The number of additional treatments being requested is in excess of the guideline recommendation or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.