

Case Number:	CM15-0143381		
Date Assigned:	08/04/2015	Date of Injury:	01/28/2013
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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, 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 56-year-old male who sustained an industrial injury on 1-28-15. He had complaints of low back, hip and knee pain. Progress report dated 3-9-15 reports right hip exam internal and external rotation remain limited and painful. The left hip has pain with internal rotation and pain into the left side of the back. Diagnoses include: degenerative joint disease of the right hip, status post total hip replacement, degenerative joint disease of the left hip, pending replacement and lumbar strain with right pitiformis dysfunction. Plan of care includes: right hip is recovering, he is a candidate for left hip arthroplasty, additional physical therapy is not needed to his back pending surgery. He is off narcotics and is only using anti-inflammatory. Work status: advised to seek social security disability. Progress report dated 6-8-15 reports follow up post op right hip arthroplasty. He is doing quite well and has muscle tone back in his right quadriceps. He still has stiffness of his right hip and has trouble bending. He has degenerative arthritis in his left hip, which is giving him a problem. He has been told he would need his left hip replaced. Education was given regarding indications for hip arthroplasty. Will assist in getting physical therapy authorized and cortisone to hip if needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Hip, 2 times wkly for 3 wks, 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Physical Medicine Treatment.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no identification that the patient has had any postoperative physical therapy. He recently underwent total hip arthroplasty. He is noted to have ongoing atrophy, weakness, and stiffness in the surgical hip. Therefore, 6 sessions of physical therapy would be reasonable to train the patient in an appropriate home exercise program. As such, the current request for physical therapy is medically necessary.