

<b>Case Number:</b>	CM15-0165005		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2015

### 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:

This is a 52 year old female with a date of injury of March 6, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for acetabular labrum tear. Medical records (July 22, 2015) indicate that the injured worker complains of left hip pain and decreased range of motion of the left side. Records also indicate the injured worker experienced pain with activities of daily living and ambulation. A progress note dated June 10, 2015 notes subjective complaints of left hip pain rated at a level of 6 out of 10, and that the symptoms were aggravated by daily activities, driving, and standing. The physical exam (July 22, 2015) reveals a normal gait, positive Faber's on the right, active and passive pain free range of motion of the left hip, and normal hip strength bilaterally. The medical record noted improved range of motion of the left hip since the evaluation on June 10, 2015. Treatment has included left hip labral repair, medications, and physical therapy that caused a flare up of the pain. The original utilization review (July 29, 2015) partially certified a request for physical therapy for the left hip twice a week for three weeks (original request was for twice a week for six weeks).

### 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 6 weeks, left hip: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Hip, Pelvis and Thigh (femur).

**Decision rationale:** The claimant sustained a work injury in March 2012 and underwent a left hip arthroscopic labral debridement and decompression for impingement in December 2014. As of 03/12/15, she had completed 12 postoperative physical therapy treatment sessions. As of 06/04/15, she had completed an additional seven treatment sessions. When seen, she was having a flareup of pain after physical therapy. She was having pain with activities of daily living. Physical examination findings included a normal BMI. There was decreased left hip range of motion and positive Fabere testing. Additional physical therapy is being requested. After the surgery performed, guidelines recommend up to 18 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. 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. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.