

Case Number:	CM15-0165155		
Date Assigned:	09/02/2015	Date of Injury:	10/22/2002
Decision Date:	10/06/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 63 year old male, who sustained an industrial injury on 10-22-2002. On provider visit dated 07-03-2015 the injured worker has reported doing well since post status post right hip replacement. On examination the right hip incision was clean, dry and intact. Back was noted to have mild tenderness and no nerve tension signs noted. Painless motion of right hip and strength was noted as 4+ out of 5 against flexion and abduction. Thigh and calf were noted as soft. The diagnoses have included status post right total hip replacement. Treatment to date has included medication, physical therapy and exercise. The injured worker was noted to be retired. The provider requested continued post-physical therapy, right hip 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued post-physical therapy, right hip 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continued post operative physical therapy right hip two times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic neck pain with exacerbation; status post cervical laminectomy; anterolisthesis C4-C5 with dynamic subluxation; degenerative cervical disc disease; history of lumbar radiculopathy; thoracic compression fracture; and status post ulnar decompression and transposition; status post right total hip replacement secondary to avascular necrosis with collapse of the femoral head. The new injury is October 22, 2002. Request for authorization is July 28, 2015. According to a May 1, 2015 progress note, the injured worker returns for follow-up and is two weeks status post total hip replacement. Pain is 5/10. The injured worker received 6 physical therapy sessions at home. The total number of post surgery physical therapy sessions completed is not specified. There is limited documentation demonstrating objective functional improvement as a result of physical therapy. There are no physical therapy progress notes in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with a specific number of physical therapy sessions to date, no physical therapy progress notes in the medical record, and no documentation demonstrating objective functional improvement, continued post operative physical therapy right hip two times per week times four weeks is not medically necessary.