

<b>Case Number:</b>	CM15-0181028		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/30/2015
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 (IW) is a 38 year old female who sustained an industrial injury on 04-30-2015. The worker fell, hitting knees, hands and elbows. The injured worker was diagnosed with a MRI 05-22-2015 as having right hip impingement and labral tear and right knee strain with a nonspecific injury and possible referral pain from the right hip. Treatment to date has included a cortisone injection that did not help. Medications include Norco, Motrin, Xanax and Flexeril. In the provider notes of 07-24-2015, the injured worker complains of persistent right hip pain with occasional spasms. She rates her pain with spasms as a 10 on a scale of 0-10. The pain is made worse by hip flexion and aggravated by sitting. She also has some pain in the right knee. On exam, she walks with a slight Trendelenburg limp. Sacroiliac and lumbar area shows slight limitations in range. There is "some spasticity" in the lower lumbar paraspinals. In supine position the abduction is limited to 20 degrees. There is limitation in deep flexion and slight resistance changes to rotational testing and mild synovitis. The worker states she has been unable to work without use of pain medication. The treatment plan was for an arthroscopy of the right hip as an outpatient 23 hour stay and a short rehab stay for an intensive program of therapy. A request for authorization was submitted for a 3-day stay at an acute rehab center for the right hip. A utilization review decision 09-04-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 day stay at an acute rehab center for the right hip: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, Physical medicine treatment and skilled nursing facility.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, pain rehabilitation.

**Decision rationale:** The medical records provided for review support the insured has a chronic pain condition of knee and is planned for surgery of the knee. The pain is reported to have not improved despite medication therapy and injections. The medical records support that there is associated affect on function with spasticity and limited range of motion. ODG supports physical therapy for postoperative care with demonstrated functional goals. However, the medical records do not document a formal functional assessment plan for the acute rehabilitation stay. As such, the medical records do not support medical necessity of the 3-day stay. Therefore, the request is not medically necessary.