

<b>Case Number:</b>	CM15-0181129		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/03/2015
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/11/2015
<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: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 62 year old male who sustained an industrial injury on 9-3-15. A review of the medical records indicates he is undergoing treatment for pain in joint of the pelvic region and thigh, closed fracture of intertrochanteric section of neck of femur, and left inguinal hernia - "probably work related". Medical records (5-28-15 to 9-2-15) indicate he underwent right hip surgery on 5-29-15 and continues to complain of anterior and lateral right hip pain, as well as complaints of medial and lateral right knee pain. The physical therapy status report (9-2-15) indicates limited range of motion in the right hip, as well as weakness. The injured worker was noted to walk with an antalgic gait without an assistive device. The report indicates functional improvement in walking, as on 6-30-15, he was noted to require a hemi-walker for walking. The therapy note indicates that he has been working on lower extremity range of motion, stretching, and strengthening with "emphasis on a closed chain program in functional patters to carry over to activities of daily living". The report states "he has been instructed in a home exercise program". His pain rating was noted to be 4-5 out of 10. He was noted to have difficulty with walking, working in the household, personal care, sleeping, recreation, standing, squatting, sitting, and stairs. Treatment recommendations include additional physical therapy three times weekly for five weeks. The utilization review (9-11-15) indicates modification of the request to "transition to a home exercise program".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy, three times a week, for five weeks, for the right hip:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

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

**Decision rationale:** Per CA MTUS Post Surgical Treatment Guidelines: Fracture of neck of femur (ICD9 820): Postsurgical treatment: 24 visits over 10 weeks. Per the provided clinical notes this patient has been to 20 postoperative physical therapy sessions. As the requested 15 additional PT visits will exceed the recommended 24 visits, the recommendation is not medically necessary.