

Case Number:	CM15-0185566		
Date Assigned:	09/25/2015	Date of Injury:	09/07/2012
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year old man sustained an industrial injury on 9-7-2012. Evaluations include hip x-rays dated 5-6-2015. Diagnoses include status post right hip surgery. Treatment has included oral medications, surgical intervention, and physical therapy (20 sessions used since surgery). Physician notes dated 8-11-2015 show complaints of right hip pain after advancing in physical therapy rated 2 out of 10. The physical examination shows minimal pain with 96 degrees of flexion, strength of 4 out of 5 during flexion and 4 out of 5 with abduction. Further, there is minimal pain reported with internal rotation and no pain with external rotation. Recommendations include hold off on impact until five months post-operative, additional physical therapy for strengthening and duration and minimizing resistance, Motrin, and follow up in six weeks. Utilization Review denied a request for additional 12 sessions of physical therapy on 9-1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions 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: The patient presents with complaints of right hip pain. The current request is for 12 physical therapy sessions. The treating physician states, in a report dated 08/25/15, "The patient will be referred for physical therapy, two times a week for six weeks. Work on hip and core strengthening." (18B). the patient underwent right hip arthroscopy on 04/30/15 and has already completed 20 physical therapy sessions. The PSTG guidelines state, "Postsurgical treatment: 14 visits over 3 months." In this case, the treating physician, based on the records available for review, says only that "The patient has made significant progress with therapy, however still has functional deficit and would likely improve from additional therapy." (18B) There is no discussion as to why the patient has not been released to a home exercise program and the patient has already completed more than the recommended number of visits allowed for this type of surgery. The current request is not medically necessary.