

Case Number:	CM15-0187831		
Date Assigned:	09/29/2015	Date of Injury:	07/01/2010
Decision Date:	11/13/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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, 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:

The injured worker is a 54 year old male who sustained an industrial injury on 6-30-2009. A review of medical records indicates the injured worker is being treated for post op left total hip replacement and post op right total hip replacement. Medical records dated 8-20-2015 noted post-surgery dated 5-18-2015 rated pain an 8-9 out 10. Current opioid regime allows independent function. Physical examination noted that gait was left antalgic and that he uses a cane held right. There was no motor defect in legs. Further treatment has included 12 sessions of physical therapy, which has helped with improvement of range of motion and flexibility as well as functioning. Utilization review form dated 9-10-2015 non-certified physical therapy for the left hip 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for left hip, QTY: 8: 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 post-surgery total hip replacement pain rated 8-9 out of 10. The current request is for Physical therapy for left hip, QTY: 8. The treating physician states, in a report dated 8/20/15, "has completed the first 12 sessions of PT, and pending authorization for the second run of 12 sessions of PT, tolerate PT well with improvement of ROM/Flexibility as well as functioning, but still unable to sleep at night." (11B) The patient underwent left total hip arthroplasty surgery on 05/18/15. (50B) The PSTG guidelines state, "arthroplasty/fusion, hip: 24 visits over 10 weeks over a 4 month period." In this case, the treating physician stated in a report dated 09/11/15, "The plan will be to recommend further therapy visits. He is going to go and talk to his therapist today to verify how many visits he indeed has had postoperatively." (10B) Given the uncertainty over how many PT visits the patient has had, the unknown status of the second 12 additional PT visits, and failure to justify the medical necessity of 8 additional PT visits, the current request is not medically necessary.