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| Case Number: | CM15-0188114 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 05/07/2009 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 09/22/2015 |
| 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

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 59 year old male who sustained an industrial injury on 5-7-2009. A review of medical records indicates the injured worker is being treated for severe degenerative joint disease involving the right hip and slight shortening of the right femoral neck with minimal sclerosis suspicious for an old healed right femoral neck fracture. Medical records dated 8-5-2015 noted right hip arthritis and severe right hip pain and ambulates with a cane. Physical examination noted limited range of motion to the right hip due to pain. There was mild right sided trochanteric tenderness. There was well healed arthroscopy scars noted. Treatment has included right hip arthroscopy and debridement and hydrocodone. Utilization review form dated 9-22-2015 denied bilateral lower extremity CT: XR bone length study and modified Physical therapy 2 x 6 right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lower extremity CT: XR bone length study: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, CT (computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The US National Library of Medicine National Institutes of Health www.ncbi.nlm.nih.gov/pmc/articles/PMC2628227/.

Decision rationale: The current request is for Bilateral lower extremity CT: XR bone length study. The RFA is dated 09/15/15. Treatment has included right hip arthroscopy and debridement (07/29/15), physical therapy, cane, and medications. The patient is not working. The ACOEM, MTUS, and ODG Guidelines do not provide specific discussion regarding CT XR for Bone length study. The US National Library of Medicine National Institutes of Health at ncbi.nlm.nih.gov/pmc/articles/PMC2628227 provides a discussion regarding "Methods for Assessing Leg Length Discrepancy." The article states "The use of accurate and reliable clinical and imaging modalities for quantifying leg-length discrepancy (LLD) is vital for planning appropriate treatment. While there are several methods for assessing LLD, we questioned how these compared. We therefore evaluated the reliability and accuracy of the different methods and explored the advantages and limitations of each method." While several studies noted that the scanogram provided reliable measurements with minimal magnification, a full-length standing AP computed radiograph (teleoroentgenogram) is a more comprehensive assessment technique, with similar costs at less radiation exposure. Per report 09/10/15, the patient is status post total hip arthroscopy on 07/29/15 with left leg length discrepancy of 1 inch. The patient continues to complain of severe right hip pain. Examination revealed right hip incision is without any erythema or drainage. Range of motion is 0-90, and there is a 1 inch leg length discrepancy. The treater would like to obtain a CT XR bone length study. This patient has some visible leg length discrepancy following the total right hip replacement. The treater would like to obtain imaging for further evaluation and to provide appropriate treatment. The US National Library of Medicine provides support for full-length AP radiograph of the lower extremity to accurately measure the true length of the bone. The request IS medically necessary.

Physical therapy 2 times per week for 6 weeks to the right hip: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter under Physical Medicine Treatment.

Decision rationale: The current request is for Physical therapy 2 times per week for 6 weeks to the right hip. The RFA is dated 09/15/15. Treatment has included right hip arthroscopy and debridement (07/29/15), physical therapy, cane, and medications. The patient is not working. ODG guidelines, Hip and Pelvis Chapter under Physical Medicine Treatment section states: "Post-surgical treatment, arthroplasty/fusion, hip: 24 visits over 10 weeks." Per report 09/10/15, the patient is status post total hip arthroscopy on 07/29/15 with left leg length discrepancy of 1 inch. The patient continues to complain of severe right hip pain. Examination revealed right hip incision is without any erythema or drainage. Range of motion is 0-90, and there is a 1 inch leg length discrepancy. The request is for 12 physical therapy sessions for the right hip. The patient has participated in 11 in-patient post-operative PT sessions and was discharged on 08/11/15.

The patient was subsequently approved for 9 additional post-operative PT sessions on 08/12/15, but the objective response to therapy were not documented in the medical reports. In this case, the patient has had 20 post-operative PT sessions thus far, and the additional 12 sessions exceeds what is recommended by MTUS. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.