

Case Number:	CM15-0198065		
Date Assigned:	10/13/2015	Date of Injury:	02/25/2013
Decision Date:	11/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 51 year old, female who sustained a work related injury on 2-25-13. A review of the medical records shows she is being treated for right hip pain. Treatments have included right hip surgery on 6-9-15 and medications. Current medications include Ibuprofen, Ambien, Flexeril, Hydrocodone, Dendracin, Metformin and Glyburide. In the progress notes, the injured worker reports constant, achy right hip pain that radiates down to her right ankle. She reports a burning sensation in her right hip. She reports that her right leg feels very heavy. She rates her right hip pain an 8 out of 10. She states "the medication provides minimal relief." On physical exam dated 6-16-15, right hip skin and stitches in place and intact. Right hip range of motion is "protected." She is not working. The treatment plan includes a request for refills of Motrin, Norflex, Dendracin and Zolpidem, a request for physical therapy and a removal of the stitches. The Request for Authorization dated 6-17-15 has a request for physical therapy 3 x 3. In the Utilization Review dated 9-8-15, the requested treatment of postoperative physical therapy 3x per week for 3 weeks-9 sessions is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy, 3 times weekly for 3 weeks, 9 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Hip, Pelvis and Thigh (femur). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis -Physical medicine treatment and Other Medical Treatment Guidelines Postsurgical Treatment Guidelines- page 10.

Decision rationale: Post operative physical therapy, 3 times weekly for 3 weeks, 9 sessions is not medically necessary per the MTUS Guidelines. The MTUS and the ODG state to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). The MTUS states that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The MTUS states that in cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period. The documentation does not indicate evidence of objective functional improvement from prior therapy therefore additional therapy is not indicated and this request is not medically necessary.