

Case Number:	CM15-0199583		
Date Assigned:	10/14/2015	Date of Injury:	10/25/2012
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/10/2015

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:

This 46 year old man sustained an industrial injury on 10-25-2012. Diagnoses include severe right hip arthrosis status post right hip surgery 9-16-2013. Treatment has included oral medications, home exercise program, right hip injection, surgical intervention, and post-operative physical therapy (amount of sessions is not disclosed). Physician notes dated 8-28-2015 show complaints of recently increased right hip pain. The physical examination shows decreased internal and external rotation without measurements), flexion, adduction, and internal rotation cause radiation of pain to the groin, and the external rotators are "tight". Stretching was reviewed. Recommendations include physical therapy, Naprosyn, and follow up after returning to therapy. Utilization Review denied a request for physical therapy on 9-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Hip # 8: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Based on the 8/28/15 progress report provided by the treating physician, this patient presents with increasing poker-type right hip pain that is radiating down his medial groin. The treater has asked for physical therapy for the right hip # 8 on 8/28/15. The request for authorization was not included in provided reports. The patient is s/p increasing right hip pain at work from a few weeks ago despite a home exercise program per 8/28/15 report. The patient is s/p resurfacing of damaged cartilage in right hip with labral debridement and reduction of the cam-pincher deformity from 9/16/13 per 2/11/15 report. The patient had an excellent response to the 2013 surgery as well as to the subsequent physical therapy, and was able to return to full-duty as a firefighter without any problems per 8/28/15 report. The patient states that his pain is improved with rest and icing per 6/23/15 report. The patient has lost some range of motion of the hip and has a lot of spasm around hip musculature per 8/28/15 report. The patient is to continue usual and customary work duties as of 8/28/15 report. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient is s/p resurfacing of damaged cartilage in right hip with labral debridement and reduction of the cam-pincher deformity from September 2013. The postoperative physical therapy of unknown quantity was effective according to the treater. Per review of reports dated 2/4/15 to 8/28/15, the patient has not had any recent physical therapy. In the past few weeks, the patient has had a recent worsening of his right hip pain with reduced range of motion and spasms. MTUS allows for 8-10 sessions of physical therapy in non-operative cases. The treater's current request for 8 sessions for the right hip is reasonable and in accordance with guidelines. Hence, the request is medically necessary.