

<b>Case Number:</b>	CM15-0022880		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	05/26/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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:

This 36 year old female sustained an industrial injury on 5/26/13. She subsequently reports right leg pain. An MRI was performed on 7/17/13. The injured worker was diagnosed with a labral tear and pincer lesion. The injured worker underwent right hip surgery which involved a right hip arthroscopy 10/23/13. Treatments to date have included a leg brace and prescription pain medications. On 1/13/15, Utilization Review non-certified a request for Physical Therapy of Right Hip 2 Times a Week for 4 Weeks, Status Post-Op. the Physical Therapy of Right Hip 2 Times a Week for 4 Weeks, Status Post-Op was denied based on MTUS Chronic Pain guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy of Right Hip 2 Times A Week For 4 Weeks, Status Post-Op / Request Is Denied By Physician Advisor: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Physical Therapy of Right Hip 2 Times A Week For 4 Weeks, Status Post-Op/(Request Is Denied By Physician Advisor) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had extensive post op therapy for this condition. The documentation does not indicate extenuating circumstances which would require 8 more supervised therapy sessions. The MTUS supports transition of supervised therapy to an independent home exercise program. The patient should be versed in a home exercise program. The request for physical therapy of the right hip is not medically necessary.