MAXIMUS Federal Services

Case Number:	CM15-0221008		
Date Assigned:	11/16/2015	Date of Injury:	06/28/2008
Decision Date:	12/28/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/10/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 59-year-old male police officer who sustained an industrial injury on 6/28/08. Injury occurred while he was standing next to a vehicle writing a citation and was struck by a drunk driver. He underwent right total hip arthroplasty on 10/02/14. The 4/3/15 left hip x- rays documented end-stage bone-on-bone osteoarthritis. He underwent a left total hip replacement on 5/4/15. The 9/24/15 physical therapy progress report indicated that the injured worker had completed 24 post-op physical therapy visits for the left hip. Pain had reduced from an initial 2-8/10 to current 0-3/10. He had general pain associated with scar tissue in the anterior hip. He was able to stand at least 40 minutes at a time and could carefully squat down to pick things up from the floor. His lower extremity functional score had improved from initial 31.0 to 55.0. Left hip range of motion testing documented current active flexion of 90 degrees with passive flexion of 105. External rotation was 34 degrees and internal rotation was 36 degrees. There had been no change in range of motion since 6/24/15. The physical therapist reported a relatively slow recovery with lingering pain levels still impacting his mobility, but this was consistent with his right total hip arthroplasty rehab time. His main complaint was soreness at the joint. The physical therapist requested 6 additional visits. The 10/21/15 treating physician report cited some mild anterior discomfort with clicking that occurs with motion. He had recently [redacted] and did a lot of walking, touring, and some zip-lining. He reported the trip went well. He had fatigue in the anterior hip muscles, which improved with rest. Physical exam documented ability to flex the hip in the sitting position and to 80 degrees while standing. Abduction was to 30 degrees. There was a mild click palpated at the anterior hip with flexion,

mild pain with resisted flexion, and no instability. X-rays showed the development of heterotrophic ossification at the proximal greater trochanter. The total hip appeared stable without evidence of failure. The treatment plan documented continuation of symptomatic care and stretching for his symptoms. He was encouraged to keep motion to help prevent ankylosing of the joint. Anti-inflammatory medications were added to slow the progression of the heterotrophic ossification and ease his discomfort. Authorization was requested for 12 sessions of additional post-operative physical therapy for the left hip. The 11/6/15 utilization review non-certified the request for additional physical therapy as the injured worker had completed 24 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy for the left hip, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Hip, Pelvis and Thigh (femur).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Hip, Pelvis and Thigh (femur).

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of hip arthroplasty suggest a general course of 24 post-operative physical medicine visits over 10 weeks, during the 4-month post-surgical treatment period. California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 4-month post-surgical treatment period had expired at the time of this request. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. This injured worker is status post left total hip arthroplasty on 5/2/14 and had completed 24 post-operative visits as of 9/24/15. There was residual joint pain that impacted his mobility. Functional inventory scores documented good progress over the course of therapy. There was no specific functional deficit documented to be addressed with continuing treatment. There was no apparent significant functional limitation in activities of daily living. There was no compelling rationale to support the medical necessity of additional supervised therapy over an independent home exercise program to achieve any further rehabilitation goals. Therefore, this request is not medically necessary.