

Case Number:	CM15-0041804		
Date Assigned:	03/12/2015	Date of Injury:	04/17/2003
Decision Date:	04/15/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/05/2015

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: Massachusetts

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

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 67-year-old female, with a reported date of injury of 04/17/2003. The diagnoses include right hip osteoarthritis, right total hip arthroplasty, and right greater trochanteric bursitis. Treatments to date have included a cane, oral medications, steroid injections to the right hip, physical therapy, and right total hip arthroplasty on 01/08/2015. The progress report dated 02/27/2015 indicates that the injured worker complained of left lateral hip pain. She felt that the ibuprofen worked better. The objective findings for the right hip include an antalgic gait, inability to heel walk, tenderness to palpation of the greater trochanteric bursa, and decreased range of motion. The physical therapy report dated 02/25/2015 indicates that the injured worker reported slight improvement in her ability to walk in that she was able to go short distances without her cane. The treating physician requested additional physical therapy for the right hip three times a week for four weeks. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional right hip physical therapy 12 visits: 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), ODG-TWC treatment integrated treatment.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: The claimant is nearly three years status post work related injury and is being treated for right lateral hip pain consistent with trochanteric bursitis and underwent a right total hip replacement in January 2015. Treatments have included physical therapy. As of 02/25/15, she had attending 8 treatments. Post surgical treatment after hip arthroplasty includes up to 24 physical therapy visits over 10 weeks with a postsurgical physical medicine treatment period of 4 months. In this case, the requested number of post-operative therapy visits is within accepted guidelines and therefore medically necessary.