

Case Number:	CM15-0041921		
Date Assigned:	03/12/2015	Date of Injury:	04/01/2008
Decision Date:	04/23/2015	UR Denial Date:	02/19/2015
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: California
 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:

The injured worker is a 62-year-old male, who sustained an industrial injury on 4/1/08. The injured worker has complaints of right hip pain causing him to limp. The diagnoses have included unspecified arthropathy, pelvic region and thigh; developmental dysplasia of the hip and unspecified arthropathy, pelvic region and thigh. Right hip X-ray showed severe degenerative joint disease; 2 degrees to developmental dysplasia of the hip (DDH) and +BOB with large cysts and valgus.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Post-Op Physical Therapy 3 Times A Week for 4 Weeks to The Right Hip:
 Overturned

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

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

Decision rationale: CA MTUS/Post Surgical Treatment Guidelines, Hip, Pelvis and Thigh, Post surgical treatment, arthroplasty, page 23, recommends 24 visits over 10 weeks. Initially the guidelines recommends of the total, or 12 visits be authorized following total hip replacement. In this case, the request equals the recommended 12 visits. Therefore the determination is for certification. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. The request IS medically necessary.