

<b>Case Number:</b>	CM15-0045955		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, 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 60 year old male, who sustained an industrial injury on 07/18/2012 where he reported hip pain. On provider visit dated 08/18/2015 the injured worker has reported hip pain. The diagnoses have included hip joint replacement. Treatment to date has included MRI of the right hip on 09/26/2012, physical therapy, medication and x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 weeks for the right hip:** Upheld

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

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

**Decision rationale:** The most recent note in the attached medical record is dated August 18, 2014 which includes no physical complaints or examination of the injured employee, however there is a recommendation for physical therapy at that time. The note previous to that is dated February 21, 2014 which includes a complaint of right hip and buttocks pain which was stated to be a hematoma or scar tissue. Considering the lack of a previous physical examination on the

injured employee performed in the last year nor any recent complaints of right hip pain, this request for physical therapy twice week for four weeks for the right hip is not medically necessary.