

Case Number:	CM15-0052135		
Date Assigned:	03/25/2015	Date of Injury:	07/06/2001
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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, Sports 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:

The injured worker is a 54-year-old female who reported an injury on 07/06/2001. The mechanism of injury is listed as a slip and fall. Review of the medical record reveals the injured worker's diagnosis is right hip osteoarthritis (ICD-9 code 715.15). The injured worker has previously been treated with activity modification, medications, physical therapy, TENS unit, and steroid injections. The injured worker has previously undergone knee arthroscopies, OATS procedure, and a left total knee replacement on 04/27/2012. Unofficial pelvic x-rays performed on 04/29/2013 revealed moderate right hip degenerative joint disease. The official MRI of the right hip performed on 06/30/2014, read by [REDACTED], revealed coxa profunda and moderately advanced chondral wear and bulky osteophyte formation about the hip. There was a split in the anterior portion of the labrum and underlying diffuse labral degeneration. Unofficial right hip x-rays performed on 03/04/2014 revealed moderate right hip degenerative arthritis. Agreed upon medical re-evaluation dated 02/25/2015 indicates the injured worker presented for re-evaluation. She continued to have left knee symptoms, together with low back pain and left lower extremity radiation. The injured worker continued to have right knee soreness and significant right hip pain and limitations, as well. The injured worker has continued complaints of significant sleep disturbance and disturbances in her normal daily activities, including dressing, sexual activity, and normal household activity secondary to pain. Physical exam revealed the injured worker ambulated with the use of a cane in the right hand. Weight bearing was decreased, right greater than left. The injured worker's gait exhibited right greater than left limping. There was no evidence of scoliosis. The posterior superior iliac spine and extremity

alignment were within normal limits. Standing on toes and heels was accomplished normally. The injured worker had tenderness noted over the left greater than the right lumbar paraspinal muscle. There was no tenderness noted over either sciatic notch. There was no tenderness noted over the course of either sciatic nerve. Patellar and Achilles reflexes were 2+ bilaterally. Straight leg raise testing, Braggard's, and cross straight leg raise testing were all negative bilaterally. Waddell's test was appropriate throughout and there was no clonus. There was no evidence of varicosities. Range of motion of the hips was decreased with internal rotation, external rotation, abduction, and adduction. The Request for Authorization for medical treatment dated 02/20/2015 indicates the services requested include: right total hip arthroplasty; assistant surgeon; 3 day inpatient hospital stay; preoperative EKG and labs; 9 sessions of postoperative home health physical therapy; 12 sessions of postoperative outpatient physical therapy; DME, to include a walker, cane, 3 in 1 commode; and prescriptions for Xarelto 10 mg #30 tablets, Percocet 5/325 mg #80, and Norco 5/325 mg #80. The surgery was to be performed as an inpatient at the [REDACTED]. Preoperative labs and EKG to be performed at [REDACTED] and the DME were provided through approved vendor. The CPT code/HCPCS codes for PT and RX are unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of postoperative physical therapy for the right hip: Upheld

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

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

Decision rationale: It is noted per California MTUS Postsurgical Rehabilitation Guidelines that there is a recommendation for an initial course of therapy which would be equivalent to half of the guideline recommended number of postoperative rehabilitation sessions. In this case, there would be a recommendation for 12 visits of postoperative physical therapy for an initial course of therapy. It is noted that on 03/10/2015 the injured worker was previously authorized 9 sessions of postoperative home health physical therapy for the right hip and 3 sessions of postoperative outpatient physical therapy for the right hip to total the recommended 12 sessions for an initial course of therapy. The requested 12 sessions of postoperative physical therapy for the right hip in addition to the previously authorized 12 sessions would be against the guideline recommendations of the 12 visit initial course of therapy. Without documentation of the injured worker having objective functional improvement from the already authorized 12 sessions of postoperative physical therapy, medical necessity for the requested 12 sessions is not established. As such, the request for 12 sessions of postoperative physical therapy for the right hip is not medically necessary.

Pre-Operative Prothrombin time and Thromboplastin partial time: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing.

Decision rationale: As California MTUS/ACOEM does not address preoperative labs, prothrombin time and/or thromboplastin partial time, Official Disability Guidelines state coagulation studies are reserved for patients with a history of bleeding or medical condition that predisposes them to bleeding and for those that are taking anticoagulants. The clinical information submitted does not provide documentation indicating that the injured worker is currently in use of any type of anticoagulant medication. There is no documentation of a comorbidity that indicates the injured worker has a history of bleeding or medical conditions that predispose them to bleeding to warrant the need for the requested preoperative laboratory testing. Given the information submitted for review, medical necessity for preoperative prothrombin time and thromboplastin partial time has not been established and the request is not medically necessary.