

<b>Case Number:</b>	CM15-0054675		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Preventive Medicine, Occupational 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 59-year-old female, who sustained an industrial injury on 4/15/2013. She reported that she was carrying a case of pears, when she tripped over a box of apples, and fell onto her left hip. Loss of consciousness was reported, along with pain to her neck, right shoulder, left hip, left knee, and low back. The injured worker was diagnosed as having cervical spine degenerative disc disease with herniated nucleus pulposus and right upper extremity radiculopathy, lumbar spine herniated nucleus pulposus at L4-5, and associated bilateral lower extremity radiculopathy, left greater than right, post-concussive syndrome with headaches, left hip internal derangement with greater trochanteric bursitis. Treatment to date has included diagnostics, left hip arthroscopic surgery on 11/26/2014, medications, and physical therapy (12 post-operative sessions). Currently, the injured worker complains of left hip aching and weakness of the left leg. She also reported a return of low back pain and left lower extremity radiculopathy in the L5-S1 distribution. She reported severe headaches, depression, and constant dizziness. She reported right shoulder pain. She reported recently using a single point cane rather than crutches. Current medications included Norco, Ultracet, Anaprox, Prilosec, Zofran, Colace, Prozac, and Lidoderm patch. Her lumbar spine and left lower extremity radicular pain was returned and appeared to be exacerbated since her hip surgery and post-operative physical therapy. Physical therapy progress notes were not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 outpatient post-operative physical therapy treatments for the left hip:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. Patient has not yet utilized the maximum number of visits allowed by the MTUS. There is documentation of objective functional improvement. I am reversing the previous utilization review. 12 outpatient post-operative physical therapy treatments for the left hip is medically necessary.