

<b>Case Number:</b>	CM15-0057311		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	12/27/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42 year old female, who sustained an industrial injury on December 27, 2013. The injured worker was diagnosed as having right hip strain, rule out symptomatic right hip labral tear, lumbar strain, right trochanteric bursitis and right calf strain. Treatment and diagnostic studies to date have included right hip arthroscopy with decompression, physical therapy and medication. A progress note dated February 27, 2015 provides the injured worker complains of pain rated 8/10 on ambulation in the right groin and buttock area. She also has recent pain in the right calf. Physical exam notes ambulation with a cane, antalgic gait, tenderness on palpation of the right leg and two well healed incisions from surgery on December 11, 2014. The plan includes additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy visits:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain affecting the right hip. The current request is for 12 physical therapy visits. The treating physician states, "Post-operative course discussed with expectations and treatment options. Continue physical therapy." (50B) The treating physician goes on to state that the patient had a right hip arthroscopy and has completed three visits of physical therapy. The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS allows 24 visits over 10 weeks for hip arthroscopy. In this case, the treating physician has documented that the patient has had a hip arthroscopy and that the patient has completed 3 physical therapy sessions. The current request is medically necessary and the recommendation is for authorization.