

<b>Case Number:</b>	CM15-0084426		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 64 year old female who sustained an industrial injury on 8/30/2010. Her diagnoses, and/or impressions, are noted to include: right hip trauma, status-post total right hip arthroplasty, with hardware, on 10/27/2014. No current imaging studies are noted. Recent right hip x-ray was stated to be done in 1/2015. Her treatments have included surgery; post-operative physical therapy; use of a walker; heat/ice therapy; electrical stimulation; home therapeutic exercise program; medication management; and rest from work. Progress notes of 12/10/2014 noted a 6 week post-operative follow-up visit with reports of moderate right hip pain limiting activities of daily living, transfers and walking. The objective findings were noted to include decreased strength and abnormal assessment findings. The physician's requests for treatments were noted to include the request for additional post-operative physical therapy. Progress notes of 1/28/2015 report the right hip being better, and awaiting authorization for more outpatient physical therapy. Objective findings were noted to include an x-ray of the right hip, no limp and no device. The physician's requests for treatments were noted to include additional physical therapy for the right hip for decreased active range-of-motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1-2 times a week for 6 weeks to the right hip Qty: 12: 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 patient presents with pain affecting the right hip. The current request is for Physical therapy 1-2 times a week for 6 weeks to the right hip OTY:12. The requesting treating physician report was not found in the documents provided. The physical therapy progress note dated 3/16/15 (19B) notes that the patient has completed 12 sessions of PT and states that an additional 12 visits is recommended. The MTUS postsurgical treatment guidelines recommend 24 visits over a period of 10 weeks. The guidelines go on to state: Postsurgical physical medicine treatment period: 4 months. The patient is status post right hip arthroplasty 10/27/14. In this case, the patient has received at least 12 visits of physical therapy to date and while the current request of an additional 6-12 visits doesn't exceed the recommendation of 24 visits, the patient is beyond the postsurgical physical medicine treatment period of 4 months as outlined by the MTUS postsurgical guidelines on page 23. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines or why the patient is unable to participate in a home exercise program. The current request is not medically necessary and the recommendation is for denial.