

Case Number:	CM14-0118074		
Date Assigned:	09/16/2014	Date of Injury:	11/07/2005
Decision Date:	10/28/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 54 year old female with a reported date of injury of November 07, 2005. The mechanism of injury is noted as a motor vehicle accident, while performing the regular duties of her occupation as a licensing program analyst. Diagnoses of hip joint replacement (V43.64) and other complications due to internal joint prosthesis (996.77) are noted. Orthopedic specialists office visit note, dated June 11, 2014, indicates that the injured worker is status post total hip arthroplasty on July 30, 2013 - right, status post total hip arthroplasty October 07, 2008 - left and status post cervical fusion May 10, 2011. She presented to this office visit in a wheelchair due to an incident with one of her transporters. She reports both hips feel fine despite this accident. She is able to walk around the house without a walker. She does note occasional numbness and tingling in the right foot. She would like to discuss possible revision of her left hip due to history of recurrent dislocations, but her hip has been doing well recently. Physical examination completed with no concerns noted. The injured worker is on multiple medications. She plans to continue rehabilitation as planned and was provided with a prescription for aqua therapy at this visit and a prescription for physical therapy on July 10, 2014. The treating physician recommended a left hip revision due to recurrent dislocations. The current work status is indicated as temporarily totally disabled. No indication of functional improvement related to physical therapy noted in documentation provided. Prior utilization review denied request for Physical Therapy on July 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical treatment, Page(s): 98..

Decision rationale: The patient has had extensive prior aquatic and physical therapy. She should be well versed in a home exercise program. Compared to her baseline, there is minimal documented functional deficit. As such, further physical therapy is not medically necessary and is not recommended. Although the patient was potentially subjected to subluxation again, she should actually be doing physical therapy regularly at home based on all the previous therapy that has been delivered and provided to her. She has a very poor baseline functioning and that is unlikely to improve regardless of supervised therapy. Therefore the request is not medically necessary.