

Case Number:	CM14-0122498		
Date Assigned:	09/16/2014	Date of Injury:	03/09/2011
Decision Date:	10/27/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/04/2014

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 Occupational 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:

There were 212 pages provided for this review. The application for independent review was signed on July 30, 2014. It was for postoperative physical therapy two times a week for six weeks for the left hip. Per the records provided, the claimant was injured on July 2, 2014. The claimant is status post a hip arthroscopy with trochanteric bursectomy and iliotibial band release to the left hip one year ago. He also went under a revision lumbar discectomy with [REDACTED] in 2013. Only six sessions of therapy have been noted but 12 were authorized. He does have significant tightness over the lateral hip which has not changed over the last several months. There is a positive straight leg raise and he continues to have mildly positive contralateral straight leg raise, hip internal rotation with mild pain. Other notes describe him as a now a 42-year-old man who was injured in 2011 after lifting a heavy object. He had a left hip impingement syndrome status post surgery. His surgery was on May 8, 2013. He had physical therapy and medicine. He continued to complain of pain. It is not clear from the notes if the patient had attended prior postoperative physical therapy visits considering that the left hip surgery was done back in May of 2013. The number is not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2x week x 6 weeks left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition Chapter: Hip and Pelvis

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 1.

Decision rationale: It is not clear how much post operative therapy had been done, and what the outcomes were in regards to objective functional improvement. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient... Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy was appropriately non-certified.