MAXIMUS Federal Services

Case Number:	CM14-0147089		
Date Assigned:	09/12/2014	Date of Injury:	12/31/2011
Decision Date:	11/10/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain 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 43 year old female with a reported date of injury of December 31, 2011. Mechanism of injury and occupation not indicated in provided documentation. Diagnosis of thoracic or lumbosacral neuritis or radiculitis unspecified (724.4). Orthopedic primary treating physician progress note, dated May 13, 2014, indicates the injured worker is status post, approximately eight weeks, hip arthroscopy with labral debridement and femoral neck resection, left hip. As of office visit, she has been attending physical therapy as prescribed and reports pain with exercise that can be severe at times and she is unable to walk for more than a few minutes without severe discomfort. Treating physician requested continued physical therapy twice weekly for six weeks and advanced activity per protocol. As of this office visit, work status to remain total temporary disability. Orthopedic primary treating physician progress report, dated June 24, 2014, indicates injured worker is finished with physical therapy and overall stamina has improved with mild discomfort on internal rotation of hip. Treating physician recommend she would progress with no limitations and continue NSAIDS. Work status noted as injured worker may return to a full work situation. Clinical documentation of request for additional post operative physical therapy not included with documentation provided. Prior utilization review denied request for Post Operative Physical Therapy Visits 2x wk for 4wks on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy Visits 2x wk for 4wks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The injured worker is status post left hip arthroscopy followed by post-op physical therapy. Progress report dated 06/24/14 notes that the injured worker is now done with physical therapy, and her overall stamina is now improved. Examination revealed internal rotation to 35 degrees with some mild discomfort. The injured worker was released to return to full work situation. CA MTUS supports post-operative therapy; however, it appears that the injured worker has had sufficient formal therapy and has progressed to the point of return to work without restrictions. It was noted that the injured worker will continue to progress with no limitations on her own. Based on the clinical information provided, it appears that nothing more than a self-directed home exercise program is indicated at this time. As such, the request for Post Operative Physical Therapy Visits 2x wk for 4wks is not recommended as medically necessary.