

Case Number:	CM14-0165764		
Date Assigned:	10/10/2014	Date of Injury:	05/30/2013
Decision Date:	12/18/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/08/2014

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 Family Practice 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 is a 58-year-old female claimant who sustained a work injury on May 30, 2013 involving the hip. She was diagnosed with a labral tear and trochanteric bursitis of the right hip. She had undergone physical therapy to improve her mobility. She underwent right hip arthroscopic label repair in March of 2014. She had undergone postoperative home exercise therapy as well as physical therapy. She had completed at least 26 sessions of post op physical therapy by July 2014. A progress note on August 19, 2014 indicated the claimant had 8/10 hip pain. A request was made for an additional eight sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Active Therapy x8 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip pain and therapy

Decision rationale: According to the Official Disability Guidelines (ODG) guidelines post-operative physical therapy of the hip is limited to 18 to 24 visits over a 12 week period.

According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. In this case, the claimant completed Physical therapy sessions exceeding the amount recommended by the guidelines above. The claimant was able to perform home exercises. The request for eight additional sessions of physical therapy is not medically necessary.