

Case Number:	CM14-0168660		
Date Assigned:	10/16/2014	Date of Injury:	12/28/2005
Decision Date:	11/18/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/13/2014

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 Orthopaedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 63 year old female with a date of injury on 12/28/2005. The mechanism of injury was not documented. Past medical history was positive for type 2 diabetes, hypertension, hypothyroidism, obesity, low back shingles, and anxiety/depression. Past surgical history was positive for gastric bypass, instrumented fusion from T10 to S1, anterior cervical discectomy and fusion C4 to C7, and right total hip arthroplasty. She underwent left total hip arthroplasty on 3/24/14. The 9/9/14 treating physician report indicated that the injured worker was 6 months status post left total hip arthroplasty. She had not attended any post-op outpatient physical therapy. She complained of some lateral hip pain. A physical exam documented passive range of motion without discomfort. There was some tenderness over the greater trochanter. Significant weakness was reported in hip flexion and abduction. The treating physician opined that much of her discomfort was from muscular atrophy and some bursitis. The treatment plan recommended outpatient physical therapy for strengthening 3x6. The injured worker was scheduled for a hysterectomy secondary to uterine cancer on 9/22/14. The 10/13/14 utilization review modified the request for 18 physical therapy visits to a 6-visit clinical trial for supervised physical therapy and instruction/monitoring of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modified Approval for 6-Visit Clinical Trial of Supervised Physical Therapy for Instruction and Monitoring of a Home Exercise Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Preface Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Post-Surgical Treatment Guidelines do not apply to this case as the 4-month post-surgical treatment period had expired. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines would apply. The Medical Treatment Utilization Schedule (MTUS) guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that injured workers are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The 10/13/14 utilization review modified the request for 18 visits and approved a 6-visit clinical trial of supervised physical therapy for instruction and monitoring of a home exercise program. There is no compelling reason presented to support the medical necessity of additional supervised physical therapy. Therefore, this request is not medically necessary.