

<b>Case Number:</b>	CM14-0183327		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 58 year old female who fell at work on 8/29/2011 and injured the right hip. Her pain persisted and she underwent an arthroscopic bursectomy of the hip on 3/11/2013 with temporary relief of symptoms. She was treated with Celebrex, physical therapy, bursal injection of corticosteroids, and one intra-articular injection. In light of persisting symptoms a MR Arthrogram was performed. This revealed evidence of chondrolabral separation. She underwent surgery on 6/17/2014 consisting of arthroscopy of the right hip, femoroplasty, acetabuloplasty, and labral repair. At the time of surgery femoroacetabular impingement and labral tearing was found. There was a large osteophyte on the femoral head impinging with range of motion. There was grade III chondromalacia of the weight bearing zone of the femoral head. Post operatively she started physical therapy. 12 sessions were approved on 5/30/2014 and another 16 sessions were approved on 9/10/2014. The disputed issue pertains to a request for another 12 sessions of physical therapy without documentation of continuing objective functional improvement. This was non-certified by UR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Right Hip Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11, 23.

**Decision rationale:** California MTUS postsurgical treatment guidelines recommend an initial period of therapy which means one half of the number of visits specified in the general course of therapy for the specific surgical procedure. For osteoarthritis and allied disorders the general course of therapy is 18 visits over 12 weeks. The postsurgical physical medicine treatment period is 6 months. The initial course is 9 visits and with documentation of functional improvement a subsequent course of therapy of 9 more visits may be prescribed. If after conclusion of the general course of therapy it is determined that further functional improvement can be accomplished then it can be continued further but not beyond the 6 months from the date of surgery. Functional improvement means a clinically significant improvement in activities of daily living or a reduction in work restrictions that can be measured during an examination. The presence of chronic pain before the procedure and the finding of an osteophyte on the margin of the femoral head and the grade 3 chondromalacia are ominous signs of osteoarthritis. 12 sessions of physical therapy were approved on 5/30/2014 and another 16 sessions on 9/10/2014. This exceeds the general course of therapy. In the absence of documentation of continuing functional improvement and anticipation of further functional improvement, the medical necessity of the 12 additional visits requested is not supported by the guidelines and as such the requested therapy is not medically necessary.