

<b>Case Number:</b>	CM14-0074417		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/03/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55 year-old individual was reportedly injured on 8/3/2013. The mechanism of injury is not listed. The most recent progress note, dated 6/13/2014. Indicates that there are ongoing complaints of right hip pain. The physical examination demonstrated: patient walks with a slow and uneven gait, less hypersensitive to touch suggestive of neuropathic pain in the right hip extending into the mid-thigh with a Lyrica. Range of motion in the hip is limited with stiffness and pain. No recent diagnostic studies are available for review. Previous treatment includes right hip revision surgery, medications, physical therapy, and conservative treatment. A request had been made for physical therapy 3 times a week for 4 weeks #12 and was not certified in the pre-authorization process on 4/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Postsurgical treatment guidelines authorized up to 24 visits of physical therapy over 10 week timeframe. Medical records reviewed state that the injured worker has completed 29 postoperative physical therapy sessions at this time. There is no available documentation justifying the necessity of an additional 12 visits of physical therapy. Therefore this request is deemed not medically necessary.