

Case Number:	CM13-0051037		
Date Assigned:	12/27/2013	Date of Injury:	07/08/2013
Decision Date:	03/12/2015	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/01/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male sustained a work related injury on 07/08/2013. According to the Utilization Review the injury was due to the repetitive nature of his occupational duties. According to a progress report dated 07/30/2013, the injured worker started noticing increasing left anterior hip pain and lower abdominal pain. A hernia was ruled out. X-rays of his hip showed arthritis of the left hip. Since hip pain began, the injured worker could only walk for about 15 to 20 minutes without having to sit down and rest. He took ibuprofen for pain. Physical examination revealed straight leg raise 50/45 degrees, hip flexion 123/95 degrees, external rotation 70/65 degrees and internal rotation 10/5 degrees. X-rays of the pelvis and left hip on 07/02/2013 showed degenerative arthritis of the hip with medial joint space narrowing sclerosis of the bone with a possible bone island and the right hip was normal. The provider's impression was noted as degenerative arthritis of the left hip. According to the provider there was not much choice in the treatment of his condition. Oral anti-inflammatories could give a bit of relief but in order to be functional with degenerative arthritis of the hip the injured worker needs a total hip arthroplasty. The procedure was discussed with the injured worker. As of an office visit dated 08/20/2013, the injured worker remained the same. Medications included over the counter Tylenol extra strength. Gait was mildly antalgic and he ambulated with a cane. Work restrictions included no lifting greater than 50 pounds, no pushing or pulling greater than 50 pounds, no squatting, no standing or walking for greater than 15 minutes continuously, no climbing and no prolonged sitting. He was advised to change positions frequently. On 09/17/2013, Utilization Review non-certified home physical therapy that was requested on

09/09/2013. According to the Utilization Review physician the surgical intervention was not deemed necessary therefore, post-operative home physical therapy was also not necessary. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California Postsurgical Treatment Guidelines recommend postsurgical treatment for an arthroplasty of 24 visits, and half the recommended number of visits would be appropriate postoperatively. The clinical documentation submitted for review indicated the request had been made for an arthroplasty of the left hip. There was a lack of documentation indicating a necessity for home therapy and that the injured worker would be homebound and unable to attend therapy. The request as submitted failed to indicate the frequency and duration for the home physical therapy as well as the body part to be treated. Given the above, the request for home physical therapy is not medically necessary.