

<b>Case Number:</b>	CM14-0216385		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 worker is a 60 year old female who was injured on 5/11/11 involving her left knee when she tripped over a raised sidewalk. She later developed left hip pain. She was diagnosed with osteoarthritis of the knee and hip. She was treated with left knee arthroscopy, physical therapy, and medications. She began attending a weight loss program in order to find help losing weight to be able to qualify for a total hip arthroscopy which was recommended to her due to her severe left hip arthrtitis, confirmed by x-ray and physical examination findings. She was seen by her orthopedic surgeon on 10/22/14 reporting continual left hip pain which was worse with movement. She reported still going to Lindora (weight loss program), and was taking Tylenol. Pain was rated at 7/10 on the pain scale. BMI was measured at 37.6 (short of the required <35 for meeting criteria for surgery). She was then recommended to begin preparation and planning for the surgery as if she would see the rest of her required weight loss over the next month or two. An associated request for post-surgical home physical therapy was also submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy ( 6 sessions in home) for left hip:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, Postsurgical Treatment Guidelines.

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

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. Following total hip replacement surgery, however, up to 24 sessions of physical therapy is warranted to help fully recover strength and mobility. The worker, in this case, was recommended surgery and physical therapy was requested in preparation for the surgery, so the worker could complete them following her procedure. However, the surgery has not yet been approved to be scheduled or completed due to the worker not having met all of the required criteria, and all associated requested will also be considered medically unnecessary, including the post-surgical physical therapy.