MAXIMUS Federal Services

Case Number:	CM14-0216396		
Date Assigned:	01/06/2015	Date of Injury:	05/11/2011
Decision Date:	03/06/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 60 year old female with a date of injury of May 11, 2011. Results of the injury include lumbar spine, hips, and knees. Diagnosis include compensatory strain/sprain of the lumbar spine superimposed on pre-existing degenerative disc disease most significant at L5-S1 per plain x-ray, severe degenerative joint disease of the left hip, and status post left knee partial medial meniscectomy. Treat has included arthroscopy with partial meniscectomy, synvisc injection with little relief from the second and third, tylenol, and weight loss program. X-ray of the left hip performed July 23, 2014 revealed severe bone on bone osteoarthritis. X-rays of the lumbar spine showed degenerative arthritis of the lumbar spine. Progress report dated November 12, 2014 showed decreased left ankle reflex and local tenderness in the left greater trochanteric region. The Trendelenberg test was positive. Disability status was noted as not reaching maximum medical improvement.There is a request for a total hip arthroplasty but certification is not included in the documentation provided.. Utilization review decision dated December 10, 2014 non certified Post-operative Physical Therapy 3 x week x 4 weeks due to lack of documentation approving the total hip arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Outside Facility) 3 Times A Week for 4 Weeks (12 Sessions): Overturned

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

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

Decision rationale: The injured worker is a 60-year-old female with a date of injury of 5/11/2011. She tripped over a raised sidewalk and fell, injuring her left knee and left hip. She underwent arthroscopy with a partial medial meniscectomy of the left knee in August 2011. She has advanced degenerative joint disease of the left hip said to be bone-on-bone and a total hip arthroplasty has been recommended. Per AME of November 12, 2014 flexion in the left hip was 40 and the remaining movements were not tested due to pain. She was 5 feet 4-1/2 inches in height and weighed 217 pounds. Documentation indicates that she was placed on a weight reduction program and lost 35 pounds. The disputed request pertains to postoperative physical therapy 3 times a week for 4 weeks that was noncertified by utilization review on 12/10/2014. The reason for the non-certification was lack of documentation indicating that the total hip arthroplasty had been approved. The request for authorization of the left total hip arthroplasty is dated November 20, 2014. Surgery was scheduled for January 2015. However, the available documentation does not include certification of the surgery request. The notes indicate that she had met the surgery goals and her BMI was less than 35. This IMR request pertains to the postoperative physical therapy only.California MTUS postsurgical treatment guidelines indicate 24 visits over 10 weeks for a total hip arthroplasty. The initial course of therapy is 12 visits and then with documentation of continuing functional improvement, a subsequent course of therapy of 12 more visits may be prescribed. The postsurgical physical medicine treatment period is 4 months. The requested 12 visits are appropriate and fall within the guidelines for medical necessity. As such, the medical necessity of the request is established. Although documentation pertaining to the authorization of the total hip arthroplasty has not been submitted, the injured worker does meet the criteria for surgery per ODG guidelines including conservative care, subjective clinical findings of limited range of motion or nighttime pain or no pain relief with conservative care plus objective clinical findings of age over 50 and body mass index of less than 35 plus imaging clinical findings of osteoarthritis on standing x-ray. Her body mass index has been fluctuating per available notes but that does not become an absolute contraindication to the surgical procedure. If the total hip arthroplasty is authorized, the physical therapy will be appropriate and medically necessary.