

<b>Case Number:</b>	CM15-0007140		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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

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:

The 51 year old male injured worker suffered and industrial injury on 4/20/11. The diagnosis was end stage degenerative joint disease of both hips. The treatments were left hip replacement, post-operative physical therapy, cane, and medications. The treating provider reported continuing significant weakness in the gluteus medius musculature. Utilization Review Determination on 12/24/2014 non-certified physical therapy 12 sessions for the left hip, citing MTUS, Postsurgical Treatment guidelines, Hip, Pelvis and Thigh.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 x 6 (12 sessions) to left hip:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee Page(s): 24-25.

**Decision rationale:** The patient presents with pain and weakness in his left hip and his legs. The patient is s/p total hip arthroplasty on 08/26/14. The request is for ADDITIONAL 12 SESSIONS

OF PHYSICAL THERAPY FOR THE LEFT HIP. Per the utilization review letter on 12/24/14, the patient has had at least 24 sessions of physical therapy as post-op treatment. The 12/09/14 physical therapy report states "--The patient is making excellent progress with improved tolerance with functional activities. He still has significant weakness at his gluteus medius musculature. He is now able to perform a modified hip abduction compensating with both TFL and gluteus medius, but he still functionally weak." The current request of additional 12 therapy sessions is within post-operative time frame following the hip surgery. For post-operative therapy treatments MTUS guidelines page 24 allow 25 sessions of physical therapy over 10 weeks after following hip arthroplasty/ fusion. In this case, the patient has had at least 24 sessions of therapy as post-op treatment. There are physical therapy reports which states functional improvement. The treater does indicate that the patient continues to have pain in his hip and limbs but does not explain why this cannot be addressed through a home exercise program. Furthermore, the requested 12 sessions combined with at least 24 already received would exceed what is allowed per MTUS for this kind of condition. The request IS NOT medically necessary.