

Case Number:	CM15-0013338		
Date Assigned:	02/02/2015	Date of Injury:	12/26/1994
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/23/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old male who sustained a work related injury on December 26, 1994, while playing basketball and doing repetitive jobs while on duty as a police officer. Magnetic Resonance Imaging (MRI) revealed a bulging disc of the lumbar spine. Treatments included therapy and pain control. In February, 2013, he complained of sharp pain in the left hip and low back pain. Hip x rays revealed end stage osteoarthritis of the left hip. On August 15, 2014, the injured worker had a left hip replacement performed. Currently on December 1, 2014, the injured worker complained of left thigh and groin pain and decreased range of motion after exercising. On February 2, 2015, a request for a service of 24 Physical Therapy Sessions for the left hip between December 11, 2014 and March 19, 2015, was non-certified by Utilization Review, noting Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 physical therapy sessions for the left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Per the MTUS, post surgical guidelines, A therapy program that starts immediately following hip surgery allows for greater improvement in muscle strength. The guidelines recommend 24 visits over 10 weeks for post surgical treatment of arthroplasty /fusion at the hip. Post surgical physical medicine treatment period is 6 months. A review of the injured workers medical records that are available to me show that he has had 28 sessions of physical therapy and has an active home exercise program which he is progressing in. It was reported in his records that his left hip feels okay but his left thigh and groin were sore after exercise. During his office visit with his orthopedic surgeon on 11/18/2014 it was reported that his range of motion was intact and he was recovering well, therefore based on his clinical presentation, there does not appear to be any reason for an additional 24 sessions of physical therapy and therefore the request for 24 physical therapy sessions for the left hip is not medically necessary.