

Case Number:	CM15-0017194		
Date Assigned:	02/05/2015	Date of Injury:	08/16/2012
Decision Date:	03/23/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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: New York, New Hampshire, Washington
 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 48 year old male with an industrial injury dated 08/16/2012. His diagnoses include end-stage right hip osteoarthritis with a scheduled right total hip arthroplasty. Recent diagnostic testing has included post-operative x-rays of the right hip (12/22/2014) showing anatomic alignment. He has been treated with conservative treatment, medications, and total right hip arthroplasty (12/22/2014). In a progress note dated 12/19/2014, the treating physician reports constant right hip pain with radiation into the groin and a pain rating of 5/5 in severity. The objective examination revealed an antalgic gait pattern, and painful and limited range of motion in the right hip. The treating physician is requesting 12 post-operative physical therapy for the right hip which was denied by the utilization review. On 01/07/2015, Utilization Review non-certified a request for 12 post-operative physical therapy sessions for the right hip (2 times per week for 6 weeks), noting the premature request as the medical necessity and number of sessions will depend on the injured worker's condition at the time of the home visits. The ACOEM and ODG Guidelines were cited. On 01/29/2015, the injured worker submitted an application for IMR for review of 12 post-operative physical therapy sessions for the right hip (2 times per week for 6 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post operative physical therapy two times a week for six weeks for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Patient has chronic hip pain and is scheduled for surgery. MTSU guidelines recommend a short course of postop PT with documented improvement prior to additional postop PT. All 12 sessions is excessive without a short course with documented improvement. MTUS guidelines for 12 sessions not met.