

<b>Case Number:</b>	CM15-0110295		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	03/21/2011
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old male, who sustained an industrial injury on 03/21/2011. He has reported subsequent right knee, low back and right hip pain and was diagnosed with medial meniscus tear of the right knee, lumbar facet arthropathy, lumbar radiculopathy and osteoarthritis of the right hip. Treatment to date has included medication, application of heat, physical therapy, transforaminal epidural steroid injection and a home exercise program. In a progress note dated 05/04/2015, the injured worker was noted to be eight weeks status post right hip arthroscopy with labral debridement and acetabular takedown and was noted to be progressing well with mild pain. The injured worker was noted to be attending physical therapy and to be making progress. Objective findings were notable for hip internal rotation is to 30 degrees with mild discomfort. A request for authorization of additional post-operative physical therapy 3 x week x 6 weeks of the right hip was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post op physical therapy 3 times a week for 6 weeks for the right hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The claimant sustained a work injury in March 2011 and underwent right hip arthroscopic surgery for labral debridement on 03/11/15. When seen, he was approximately 8 week status post surgery and was progressing well. There was decreased strength without pain. There was mild discomfort with internal rotation. An additional 18 therapy treatment sessions was requested. As of 04/14/15 he had already completed five treatments. Guidelines recommend up to 18 visits over 12 weeks following the surgery that was performed. In this case, the number of additional treatments being requested is in excess of that recommendation. His surgery was uncomplicated and he has progressed well during the post operative treatment period. The number of treatments is more than what would be expected to finalize the claimant's home exercise program. The request is not medically necessary.