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| <b>Case Number:</b>   | CM15-0114527 |                              |            |
| <b>Date Assigned:</b> | 06/29/2015   | <b>Date of Injury:</b>       | 07/20/2012 |
| <b>Decision Date:</b> | 07/28/2015   | <b>UR Denial Date:</b>       | 05/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/15/2015 |

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 29 year old female who sustained an industrial injury on 07/20/2012. Mechanism of injury occurred when she flushed the toilet with her foot and felt a sharp pain to the right knee, and later that day her right knee and leg were swollen and she had pain in her right hip and lower back. Diagnoses include articular cartilage disorder involving the pelvic region, status post right hip arthroscopy with labral repair and femoral neck resection in June of 2014, with mild continued weakness. Treatment to date has included diagnostic studies, surgery, and use of crutches, injections, medications, and physical therapy. She is currently is not working. A physician progress note dated 04/16/2015 documents the injured worker complains of continued right hip pain. She feels overall stronger with walking, but feels weak with activities such as lifting the leg to tie her shoes or getting in and out of the car. There was mild to moderate tenderness to palpation in the posterior hip about the piriformis. She has some continued pain with flexion, abduction and internal rotation. She has an overall normal gait. The hip range of motion was slightly painful to a log roll. Right hip flexion was 90 degrees, and internal rotation was 15 degrees. On 04/15/2015 there is documentation that she has frequent right hip pain rated 6 out of 10 which radiates to her great toe, and right knee pain is on and off and is rated 5 out of 10 on the pain scale. Her lower back has intermittent pain that is rated 8 out of 10. Treatment requested is for Physical therapy x12 sessions, 2x6 weeks, for the right hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x12 sessions, 2x6 weeks, for the right hip: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times 12 sessions (2 X 6 weeks) to the right hip is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is status post hip arthroscopy with repair and mild continued weakness. The date of injury is July 20, 2012. The request for authorization is May 7, 2015. The injured worker underwent a right hip arthroscopy with acetabular takedown and labral repair and femoral neck resection June 25, 2014. The injured worker has received 30 postoperative physical therapy treatments. The worker is engaged in a home exercise program. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Consequently, absent compelling clinical documentation indicating additional physical therapy is warranted with the injured worker already engaged in an active home exercise program, physical therapy times 12 sessions (2 X 6 weeks) to the right hip is not medically necessary.