

Case Number:	CM15-0114700		
Date Assigned:	06/22/2015	Date of Injury:	02/19/2015
Decision Date:	07/21/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/12/2015

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 Jersey
 Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 2/19/15. She reported initial complaints of left hip. The injured worker was diagnosed as having left subtrochanteric hip fracture. Treatment to date has included status post left intramedullary hip screw fixation (2/20/15). Diagnostics included left hip x-ray (2/20/15; x-rays left hip/left femur (3/26/15)). Currently, the PR-2 notes dated 3/26/15 indicated the injured worker is being seen in this office as a follow-up for a left subtrochanteric hip fracture with surgical repair - Intramedullary hip screw fixation on 2/20/15. The provider notes she is moving better after 6 sessions of physical therapy and wearing a brace and using a walker. She has sharp pain in the left buttock region. She is having difficulty walking. On physical examination of the left hip reveals normal strength and tone with good range of motion. She complains of pain in the left sacroiliac area, good range of motion but teary eyed. No crepitus, no instability, subluxation or laxity, no fractures or dislocations and normal sensation and coordination. Pre-operative note indicated the injured worker has a history of osteoporosis and depression, on Boniva. The provider has requested authorization of Physical therapy left hip - home health (8-12 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy left hip-home health: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical therapy in the form of passive therapy for the hip is recommended by the MTUS Guidelines as an option following fracture of the femur and following surgical intervention (such as intramedullary hip screw). The Post-Surgical Treatment Guidelines state that for this type of surgical intervention, up to 24 supervised physical therapy sessions may be recommended by the provider within a 4 month post-surgical time-frame. Transition to active therapy during this time period is recommended. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed 6 sessions of physical therapy following her left hip surgery with reports of being able to move better but still experienced left hip pain. The worker requested more therapy and the provider ordered another 12 sessions, which was denied by the previous reviewer due to a fairly low level of pain and normal physical examination. This worker, however, is allowed more physical therapy as she had not met the upper limit of allowed physical therapy sessions following surgery of this type and was still experiencing pain which might be improved with more strength training and therapy. It is reasonable to consider 12 more sessions of physical therapy as medically necessary and appropriate based on the evidence and documentation provided for review.