

Case Number:	CM15-0119630		
Date Assigned:	06/30/2015	Date of Injury:	10/24/2014
Decision Date:	07/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male with an industrial injury dated 10/24/2014. The injured worker's diagnoses include hip joint pain, hip osteoarthritis, medial meniscus tear, and knee joint pain. Treatment consisted of diagnostic studies, prescribed medications, status post right knee arthroscopy on 02/25/2015 and periodic follow up visits. In a progress note dated 05/28/2015, the injured worker presented for follow up evaluation for the right knee and right hip. The injured worker reported improvement in the right knee and increasing pain in the right groin and right hip area. Objective findings revealed pain with right hip flexion, pain in right groin with right hip external rotation, antalgic gait secondary to right hip pain and increasing low back pain. Treatment plan consisted of recommendation for right total hip replacement surgery. The treating physician prescribed services for post-operative physical therapy 12 sessions (3 weekly for 4 weeks) to the right hip now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 12 sessions (3 weekly for 4 weeks) to the right hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for Hip arthroplasty over a postsurgical physical medicine treatment period of 4 months. Functional restoration approach is for initial trial sessions, namely half or 12 visits to assess with further consideration upon demonstrated functional benefit; however, submitted reports have not adequately specified the indication for the postoperative PT as the surgical request has not been certified. At this time, the Post-operative physical therapy 12 sessions (3 weekly for 4 weeks) to the right hip is not medically necessary and appropriate.