

Case Number:	CM15-0128438		
Date Assigned:	07/15/2015	Date of Injury:	11/23/2012
Decision Date:	08/12/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/03/2015

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: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on 11/23/2012. The mechanism of injury was pulling pallets. The injured worker was diagnosed as having left hip joint derangement and pain in the pelvic/thigh joint. There is no record of a recent diagnostic study. Treatment to date has included lumbar surgery, therapy and medication management. In a progress note dated 6/8/2015, the injured worker complains of left hip pain rated 7-8/10 with medications and 8-9/10 without medications. Physical examination showed decreased range of motion. The injured worker has a pending left total hip arthroplasty scheduled. The treating physician is requesting 12 sessions of postoperative physical therapy for the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy, in house, 3 times a week for 4 weeks, 12 total, left hip:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hip/pelvis chapter.

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

Decision rationale: According to the Post-Surgical Treatment Guidelines, a therapy program that starts immediately following hip surgery allows for greater improvement in muscle strength, walking speed and functional score. A weight-bearing exercise program can improve balance and functional ability to a greater extent than a non-weight-bearing program. Patients with hip fracture should be offered a coordinated multidisciplinary rehabilitation program with the specific aim of regaining sufficient function to return to their pre-fracture living arrangements. Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. The patient is scheduled for hip arthroplasty. Post-operative physical therapy, in house, 3 times a week for 4 weeks, 12 total, left hip is medically necessary; however, this review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.