

<b>Case Number:</b>	CM15-0175718		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Connecticut, California, Virginia  
 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 57 year old male, who sustained an industrial injury on 11-14-13. Medical record indicated the injured worker is undergoing treatment for sprain of hip and thigh and right total hip replacement. Treatment to date has included total hip replacement, physical therapy, activity modifications and occupational therapy. Currently on 8-21-15, the injured worker reports wound isn't entirely healed; pain is well controlled and feels he is making good progress. Objective findings on 8-21-15 revealed moderate limp, tenderness to palpation of PSOUS major muscle and incision healing nicely. The treatment plan included additional physical therapy for strengthening and stretching. On 8-28-15, utilization review non-certified a request for continued home health physical therapy for 3 sessions noting frequency and duration were not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued home health physical therapy, unspecified frequency and duration:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The MTUS Chronic Pain Management Guidelines indicate that physical therapy is recommended. With respect to therapeutic care, it is imperative to evaluate treatment success. The provided records show evidence that continued physical therapy treatment may benefit the patient at this time. However, early re-evaluation for efficacy of treatment/functional improvement is critical, and the request without stated frequency/duration is no appropriate. In this case, an open-ended request for physical therapy without a definitive plan to assess for added clinical benefit prior to completion of an unknown series of therapy sessions is not considered medically necessary.