

<b>Case Number:</b>	CM15-0064084		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old male who sustained an industrial injury on 1/28/2013. His diagnoses, and/or impressions, include: bone-on-bone, severe end-stage degenerative joint disease and osteoarthritis - right hip; right hip arthritis; lumbosacral mild degenerative disc disease; lumbago; localized primary osteoarthritis of pelvic region and thigh; and knee pain. No current magnetic resonance imaging studies are noted. His treatments have included activity modifications, non-steroidal anti-inflammatories; injection therapy; hip replacement; and medication management. The progress notes of 11/18/2014, note the chief complaint of insidious, severe, right hip pain, worsened with activity. The post-operative progress notes of 12/2/2014, note reports of normal post-operative (right total hip arthroplasty) pain, without numbness or tingling, and with muscle aches and weakness, arthralgia's/joint pain, back pain and swelling in the extremities; also that the staples were removed. The physician's requests for treatments included post-operative 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, 2 times weekly for 8 weeks, Left Hip (16 sessions):**

Overtaken

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

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

**Decision rationale:** The claimant is more than two years status post work-related injury and underwent a right total hip replacement on 11/20/14. Postoperative physical therapy was requested to include 16 treatments. Post surgical treatment after hip arthroplasty includes up to 24 physical therapy visits over 10 weeks with a postsurgical physical medicine treatment period of 4 months. In this case, the requested number of post-operative therapy visits was within accepted guidelines and therefore is medically necessary.