

<b>Case Number:</b>	CM15-0068203		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 57 year old male who sustained an industrial injury on 06/14/2005. Diagnoses include labral tears of hips, right hip femoral acetabular impingement-cam type, and right hip arthritis, status post right hip arthroscopy, debridement and femoroplasty on 03/11/2015. Treatment to date has included diagnostic studies, and medications. A physician progress note dated 03/18/2015 documents the injured worker's pain is controlled with medications. Right hip incision is clean and dry and intact. He is weight bearing as tolerated. Treatment requested is for 30 physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 physical therapy visits:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip, PT post-op, pages 258-259.

**Decision rationale:** A physical therapy program that starts immediately following hip injury or surgery allows for greater improvement in muscle strength, walking speed and functional score.

Guidelines, post-operative therapy allow for 18 visits over 12 weeks for arthroscopic debridement and femoroplasty over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now over 2 months without documented functional limitations, post-operative complications, or comorbidities to allow for 30 physical therapy visits. There is no reported functional improvement from treatment already rendered to transition to an independent home exercise program. The 30 physical therapy visits is not medically necessary and appropriate.