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**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for continued physical therapy of the left hip **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/30/2013 disputing the Utilization Review Denial dated 5/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for continued physical therapy of the left hip **is medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 20, 2013.

"The claimant has had hip surgery, as it is noted that the incision is less tender. Therapy has been provided and additional therapy is requested of the left hip post surgery."

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 5/30/2013)
- Utilization Review from [REDACTED] (dated 5/20/2013)
- Employee Medical Records from [REDACTED] (dated 2/28/13)
- Employee Medical Records from [REDACTED] (dated 2/28/13)
- Employee Medical Records from [REDACTED] (dated 3/1/13-6/4/13)
- Employee Medical Records from [REDACTED] (dated 3/8/13-3/31/13)
- Employee Medical Records from [REDACTED] (dated 3/11/13-7/16/13)
- Chronic Pain Medical Treatment Guidelines (May 2009), Part 2, Pain Interventions and Treatments pg 99.
- Appendix C-Postsurgical Treatment Guidelines Evidence Based Reviews (May, 2009)

**1) Regarding the request for continued physical therapy for the left hip:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Postsurgical Treatment Guidelines Evidence-Based Reviews (May, 2009), which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee tripped at work on 2/28/2013 sustaining a left femoral neck fracture. The medical records provided and reviewed indicate the employee had surgery on 2/28/13 with 19 sessions of physical therapy from 3/13/2103-5/10/13.

The MTUS post-surgical treatment guidelines allow for a postsurgical physical medicine period of 4 months and physical therapy of 24 visits over 10 weeks. The employee has not had 24 visits for the left hip, and there is documented functional improvement of the physical therapy that has been completed. The physical therapy for the left hip **is medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
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