

<b>Case Number:</b>	CM14-0113794		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57year old female who had a work-related injury dated 4/9/10 resulting in chronic hip pain. The injured worker was planned for a left total hip arthroplasty. The requested services included "home PT, post-operative PT and an ice machine. During utilization review dated 7/3/14 the decision was modified to include approval of 4 initial home PT sessions, twelve post-op PT sessions and continuous-flow cryotherapy unit for 7 days post-op.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home physical therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** According to the MTUS an initial course of therapy for post-surgical treatment means one half of the number of visits specifid in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. For a hip arthroplasty of the hip 24 visits over 10 weeks is approved which means that initialy 12 visits are

approvable. In this case there is no specifically requested number of physical therapy sessions. The home physical therapy is not medically necessary.

**Post-Op physical therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** According to the MTUS an initial course of therapy for post-surgical treatment means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. For a hip arthroplasty of the hip 24 visits over 10 weeks is approved which means that initially 12 visits are approvable. In this case there is no specifically requested number of physical therapy sessions. The physical therapy is not medically necessary.

**Ice Machine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, continuous-flow cryotherapy section.

**Decision rationale:** The MTUS is silent regarding the use of an ice machine post-operatively. According to the ODG a continuous-flow cryotherapy unit is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case there is not a request for a specific amount of ice to be used at specific intervals or for a specific amount of time for post-op care. The use of an ice machine is not medically necessary.