

<b>Case Number:</b>	CM14-0148266		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 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 patient is a 64 years old male with an injury date on 01/20/2010. Based on the 06/28/2014 follow up report provided by [REDACTED], the diagnoses are: 1. Acute postoperative right hip, status post right total hip arthroplasty (06/27/2014) 2. Work -related injury 3. Diabetes 4. GERD According to this report, the patient complains of moderate pain of the right hip. The patient is status post right total hip arthroplasty on 06/27/2014. Physical exam reveals moves all extremities x4, pain with movement of all right lower extremity. The 07/01/2014 report indicates neurological exam was normal. There was no calf tenderness. The patient was feeling better. There were no other significant findings noted on this report. The utilization review denied the request on 08/11/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/25/2014 to 09/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right hip additional home health p.t. 4x/week rfa 7-15-14 qty: 24.:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Recommended as

indicated below. A physical therapy program that starts immediately following hip injury or surgery allows for greater improvement in muscle strength, walking speed and functional score. (Jan, 2004) (Jain, 2002) (Penrod, 2004) (Tsauo, 2005) (Brigham, 2003) (White, 2005) (National, 2003) A weight-bearing exercise program can improve balance and functional ability to a greater extent than a non-weight-bearing

**Decision rationale:** According to the 06/28/2014 report by [REDACTED] this patient presents with moderate pain of the right hip. The treater is requesting "right hip additional home health, P.T. 4x/week RFA 7-15-14: QTY: 24" but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 06/27/14 and the utilization review letter in question is from 08/11/2014. The patient is status post right total hip arthroplasty on 06/27/2014. Regarding post-op hip arthroplastytherapy treatments, MTUS guidelines recommend 24 visits over 10 weeks. Review of physical therapy reports from 07/11/2014 to 07/25/2014 shows the patient has completed 6 post-op therapy sessions. The 07/25/2014 report from physical therapy states "good progressive, increase strength, ROM, and balance." In this case, the surgical date is 6/27/14, request for therapy was initiated on 6/28/14 and 6 sessions therapy provided thus far. Therefore, the request is for 24 sessions of post-operative therapy which is consistent with MTUS recommendation. The patient had 6 sessions of therapy but therapy was started prior to authorization therefore request is medically necessary.