

Case Number:	CM13-0040866		
Date Assigned:	12/20/2013	Date of Injury:	05/19/2011
Decision Date:	06/19/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 and is licensed to practice in Texas. 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 58-year-old male who reported an injury on 05/19/2011. The mechanism of injury was not stated. The current diagnoses include cephalgia with tendinitis of the right shoulder, sprain of the left wrist, lumbosacral sprain, depression, and left hip fracture. The injured worker was evaluated on 08/14/2013. The injured worker reported persistent lower back pain with numbness in to the left lower extremity as well as neck pain, right shoulder pain, and left hip pain. Physical examination was not provided on that date. The treatment recommendations included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES WEEK TIMES 3 WEEKS LEFT HIP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The treatment for

unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. There was no evidence of a physical examination of the left hip. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit that would warrant the need for skilled physical medicine treatment. Based on the clinical information received, the request is not medically necessary.