

Case Number:	CM14-0009053		
Date Assigned:	02/14/2014	Date of Injury:	09/16/2013
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/23/2014

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:

This patient is a 51-year-old female with date of injury 09/16/2013. Per treating physician's report 12/11/2013, the patient presents with right shoulder, neck, hip pain suffering from right shoulder subacromial impingement and sprain, lumbar sprain, mild right hip tendonitis. The patient had additional physical therapy of lumbar spine about 12 sessions and has been on modified work duties. X-rays of the hip joints, lumbar spine, and shoulder were negative other than mild degenerative irregularity of the AC joint. The treating physician's clinical impressions were: 1. Right shoulder lateral deltoids strain, mild subacromial impingement. 2. Musculoligamentous strain of the lumbar spine. 3. Right hip trochanteric bursitis and tendonitis, rule out femoral acetabular impingement syndrome anterior labrum. Recommendation was for further therapy of the right shoulder for massage and range of motion stretching, modality treatments such as ultrasound, high-friction massage, and phonophoresis of the right trochanteric region. Examination of the shoulder showed active flexion to 175 degrees, 170 degrees of abduction, external rotation at 40, and internal rotation at 20 degrees. Request for additional therapy was denied by utilization review letter 12/26/2013 and the rationale was that there was lack of discussion regarding efficacy of the physical therapy thus far received.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES PER WEEK FOR FOUR WEEKS TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 9: SHOULDER DISORDERS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with chronic neck, shoulder, hip, and low back pains. The request is for additional physical therapy 3 times a week for 4 weeks. Review of the reports show that following the initial injury 09/16/2013, the patient was evaluated at the [REDACTED] [REDACTED] undergoing physical therapy. Then, there is evidence that the patient had additional 12 sessions of physical therapy. The patient is currently evaluated by an orthopedist who has asked for additional physical therapy on top of prior physical therapy. No discussion regarding response to prior therapy has been provided. MTUS Guidelines allow up to 9 to 10 sessions for myalgia/myositis, radiculitis/neuritis type of condition that this patient suffers from. The patient already had 12 plus 6 sessions for total of 18 sessions since injury. There does not seem to be adequate progression from physical therapy. The treating physician does not explain why he believes additional therapy is going to make a difference when 18 sessions have not made a whole lot of difference thus far. The patient already had adequate therapy per MTUS Guidelines for this kind of condition. Recommendation is for non-medical necessity.

PHYSICAL THERAPY THREE TIMES PER WEEK FOR FOUR WEEKS TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12: LOW BACK COMPLAINTS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: This patient presents with chronic neck, shoulder, hip, and low back pains. The request is for additional physical therapy 3 times a week for 4 weeks. Review of the reports show that following the initial injury 09/16/2013, the patient was evaluated at the [REDACTED] [REDACTED] undergoing physical therapy. Then, there is evidence that the patient had additional 12 sessions of physical therapy. The patient is currently evaluated by an orthopedist who has asked for additional physical therapy on top of prior physical therapy. No discussion regarding response to prior therapy has been provided. MTUS Guidelines allow up to 9 to 10 sessions for myalgia/myositis, radiculitis/neuritis type of condition that this patient suffers from. The patient already had 12 plus 6 sessions for total of 18 sessions since injury. There does not seem to be adequate progression from physical therapy. The treating physician does not explain why he believes additional therapy is going to make a difference when 18 sessions have not made a whole lot of difference thus far. The patient already had adequate therapy per MTUS Guidelines for this kind of condition. Recommendation is for non-medical necessity.

PHYSICAL THERAPY THREE TIMES PER WEEK FOR FOUR WEEKS TO THE RIGHT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: This patient presents with chronic neck, shoulder, hip, and low back pains. The request is for additional physical therapy 3 times a week for 4 weeks. Review of the reports show that following the initial injury 09/16/2013, the patient was evaluated at the Occupational Medicine Center undergoing physical therapy. Then, there is evidence that the patient had additional 12 sessions of physical therapy. The patient is currently evaluated by an orthopedist who has asked for additional physical therapy on top of prior physical therapy. No discussion regarding response to prior therapy has been provided. MTUS Guidelines allow up to 9 to 10 sessions for myalgia/myositis, radiculitis/neuritis type of condition that this patient suffers from. The patient already had 12 plus 6 sessions for total of 18 sessions since injury. There does not seem to be adequate progression from physical therapy. The treating physician does not explain why he believes additional therapy is going to make a difference when 18 sessions have not made a whole lot of difference thus far. The patient already had adequate therapy per MTUS Guidelines for this kind of condition. Recommendation is for non-medical necessity.