

Case Number:	CM14-0161452		
Date Assigned:	10/06/2014	Date of Injury:	11/24/2010
Decision Date:	12/12/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/01/2014

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 Maryland. 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 employee was a 52 year old female who sustained an industrial injury on 11/24/10 when she fell at work and sustained an injury to right hip and right shoulder. Her prior history was significant for neck injury after a motor vehicle accident. Her prior treatments included physical therapy for shoulder and right hip and acupuncture, which provided her with minimal to moderate pain relief. She also used TENS unit and had lumbar ESIs and steroid joint injection to right hip with mild to no pain relief. MRI of cervical spine on 10/17/13 showed mild central canal stenosis at C5-6 and C6-7 from eccentric bulge and left paracentral protrusion and moderate left foraminal narrowing at C5-6 and C6-7. MRI of right shoulder on the same day showed rotator cuff tendinosis and low level fraying without tear and AC joint arthrosis with mild narrowed supraspinatus outlet. Her visit note from 07/02/14 was reviewed. Her complaints were of pain in the neck, lower back, right shoulder, right arm, right elbow, right hand and right hip. A request was sent for physical therapy to address cervical spine and right hip. The visit note from 08/27/14 was also reviewed. Her pain was 3/10 and her quality of sleep was poor. Her medications included Pennsaid 1.5% solution and Lidoderm patch. Pertinent examination findings included restricted range of motion of cervical spine. Right shoulder Hawkin's test positive, empty can test positive and Faber test positive in right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk X 6wks Cervical Spine and Right Hip: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back ,Physical Therapy

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

Decision rationale: According to Chronic pain Medical treatment guidelines, physical therapy is recommended while allowing for fading of treatment frequency plus active self-directed home physical medicine. For myalgia and myositis 9-10 visits are recommended over 8 weeks and for Neuritis and radiculitis, 8-10 visits are recommended over 4 weeks. The employee had not received any physical therapy since 2012. She had ongoing pain and sleep problems. Her examination was significant for decreased range of motion of cervical spine, spasms and positive empty can test in right shoulder. She has failed multiple treatments including medications and ESIs. She was doing home exercise program and continued to have pain. Hence the request for 12 visits of physical therapy is within the guideline recommendation of 9-10 visits for her hip and 8-10 for her neck. The request for physical therapy is medically necessary and appropriate.