

Case Number:	CM14-0046192		
Date Assigned:	07/02/2014	Date of Injury:	03/29/2010
Decision Date:	09/26/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 and is licensed to practice in Illinois. 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 50-year-old male who reported an injury on 03/29/2010. Diagnoses were noted to be status post left hip arthroplasty in addition to end stage arthritis of the bilateral hips, status post left shoulder arthroscopy, and right shoulder arthroscopy revision. Prior treatments were noted to be physical therapy. Pertinent diagnostics include an MRI of the right shoulder. In a progress report dated 02/18/2014 it is noted that the injured worker had subjective complaints of left hip pain. The objective findings of the physical examination were noted to be well healed incision to the left hip. The injured worker walked with an antalgic gait. The right shoulder had positive Neer's and Hawkin's impingement signs. Right hip showed positive faber testing and painful range of motion. Physical examination findings of the lumbar spine showed paraspinal muscle tenderness. The treatment plan is for physical therapy of up to 12 sessions. Medications were not noted within the examination. The rationale for the request was provided within the treatment plan. The Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for bilateral hips, shoulder, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Physical Therapy Guidelines, Physical Medicine Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend physical medicine. 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per weeks to 1 or less), plus active, self directed home physical medicine. The guidelines support 9 to 10 visits over 8 weeks. The clinical evaluation on 02/18/2014 did not indicate the injured worker with objective functional deficits. Range of motion and muscle strength test numbers were not included within the review. The guidelines allow 9 to 10 visits over 8 weeks. However, the provider's request did not indicate a number of visits or a length of therapy. Therefore, the request for Physical Therapy for bilateral hips, shoulder, and lumbar spine is not medically necessary.