

Case Number:	CM14-0050465		
Date Assigned:	07/07/2014	Date of Injury:	08/09/2001
Decision Date:	08/06/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 & 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 53 year-old male with an 8/9/2001 date of injury. According to the 3/12/14 report from [REDACTED], the patient presents with right hip pain from a failed right hip revision from socket loosening on 1/24/12. Also shoulder pain from arthroscopy on 5/15/13. [REDACTED] assessment is hip replacement by prosthesis; metallosis right hip; shoulder pain s/p repair of rotator cuff and labral tears; mucoïd degeneration of ACL, left knee; medial meniscus tears left knee. There is a 3/28/14 UR letter that denies PT x8 for the cervical spine and shoulder based on a 3/21/14 request. The 3/21/14 request was not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy times eight visits CS ad shoulder: Overturned

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

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

Decision rationale: According to the 3/12/14 report from [REDACTED], the patient presents with right hip pain from a failed right hip revision from socket loosening on 1/24/12. Also shoulder

pain from arthroscopy on 5/15/13. [REDACTED]' assessment is hip replacement by prosthesis; metallosis right hip; shoulder pain s/p repair of rotator cuff and labral tears; mucoid degeneration of ACL, left knee; medial meniscus tears left knee. The IMR request is for necessity of PT x8 for the cervical spine and shoulder. The 2/10/14 report mentions PT x8 for the neck and shoulder. The last PT was reported to be in the postsurgical timeframe from the 5/15/13 shoulder surgery. MTUS chronic pain guidelines apply at this time. MTUS states 8-10 sessions of PT are indicated for various myalgias and neuralgias. There is no indication of PT provided outside the prior postsurgical physical medicine treatment timeframe. The request for PT x8 appears to be in accordance with the MTUS chronic pain guidelines. Recommendation is for authorization.