

Case Number:	CM14-0075313		
Date Assigned:	07/16/2014	Date of Injury:	11/09/2010
Decision Date:	10/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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 Pain Management, and is licensed to practice in California and Virginia. 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 56-year-old who sustained an industrial injury on November 9, 2010. The patient had undergone right shoulder arthroscopy. According to the medical records, the patient has had extensive PT and chiropractic for this industrial injury. According to the May 19, 2014 PR-2, the patient complains of 5/10 neck and right shoulder pain, 7/10 LBP and right hip pain. Medications are norco, tramadol, Motrin and Prilosec. Objective findings notes + physical examination, L/R 110/20, 115/30, 120/30 grip. Diagnoses are bilateral hip pain and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder and right hip, twice weekly for four weeks: 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.

Decision rationale: According to the CA MTUS, Physical Medicine Guidelines - 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. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The clinical information provided for review fails to meet the evidence based guidelines for the requested services. The patient has already received extensive PT/chiropractic for this complaint. There is no evidence of any objective functional improvement with rendered care. Given the remote injury, it is reasonable that the patient should be well versed in an independent home exercise program. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is no mention of utilization of a self-directed home exercise program as would be recommended and supported by the guidelines. In the absence of clear evidence of a significant exacerbation, flare-up or re-injury with loss of function unresponsive to self-care measures, the medical necessity of the request for PT has not been established. Therefore, the request for physical therapy for the right shoulder and right hip, twice weekly for four weeks, is not medically necessary or appropriate.