

Case Number:	CM14-0207061		
Date Assigned:	12/19/2014	Date of Injury:	10/08/2013
Decision Date:	02/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 employee with date of injury of 10/8/13. Medical records indicate the patient is undergoing treatment for cervical strain, right shoulder AC joint degenerative disease, clinically; right shoulder impingement syndrome vs. rotator cuff tear and right wrist contusion, resolved and right hip contusion. Subjective complaints include neck pain that will radiate down the right shoulder and the right upper extremities. He says this pain is rated 6-8/10. Objective findings include of the cervical spine: no gross deformity or swelling. There is no tenderness to the neck, base of skull, trapezius musculature bilaterally, interscapular space or anterior cervical musculature. Sensory exam is intact in bilateral upper extremities. Shoulder: no swelling or gross atrophy of the musculature; sensory is intact for median, ulnar and radial nerves; there is tenderness in the AC joint and lateral aspect of right shoulder; Neer's, Drop Arm, Clunk test and Apprehension test both anterior and posterior were all negative. Wrists: no swelling or gross atrophy of the musculature; no tenderness to distal ulnar, radius, radio-ulnar articulation and radio-carpal articulation of bilateral wrists. Range of motion: flexion: right, 15, left 30; extension: right 50, left 60; radial deviation: right, 12, left 20 and ulnar deviation: right, 18 and left, 30. Special tests were negative: Tinel's sign; Phalen's; Finkelsteins for DeQuervains and Allen's. Treatment has consisted of a right AC joint corticosteroid injection and a right subacromial corticosteroid injection in the right shoulder. His current medications are as follows: Anaprox, Ultram, Amlodipine Besylate, Hydrochlorothiazide, Naproxen and Tramadol-Acetaminophen. He has started a 30 day H-wave trial. The patient had PT to the right shoulder. The utilization review determination was rendered on 11/14/14 recommending non-certification of 8 physical therapy sessions 2 x 4 for the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Sessions 2 x 4 for the right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG Recommends: -Fracture of neck of femur (ICD9 820): Medical treatment: 18 visits over 8 weeks Post-surgical treatment: 24 visits over 10 weeks -Fracture of pelvis (ICD9 808): Medical treatment: 18 visits over 8 weeks Post-surgical treatment: 24 visits over 10 weeks The medical documentation provided indicates that this patient has a right hip contusion and is not diagnosed with a fracture of the neck of the femur, fracture of the pelvis, or is status post hip surgery. The treating physician has not provided documentation of "exceptional factors" that would allow for treatment. As such, the request for 8 physical therapy sessions 2 x 4 for the right hip: is not medically necessary.