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| <b>Case Number:</b>   | CM15-0006622 |                              |            |
| <b>Date Assigned:</b> | 01/21/2015   | <b>Date of Injury:</b>       | 10/17/2001 |
| <b>Decision Date:</b> | 03/19/2015   | <b>UR Denial Date:</b>       | 12/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/12/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 75 year old male who suffered a work related injury on 10/18/01. Per the physician notes from 12/20/14 he complains of left hip and right shoulder pain. The treatment plan consists of physical therapy treatments. On 12/31/14, the Claims Administrator non-certified the physical therapy, citing MTUS guidelines. The non-certified treatment was subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) physical therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic)

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

**Decision rationale:** The 75 year old patient presents with moderate to severe left hip pain, as per progress report dated 12/20/14. The request is for EIGHT (8) PHYSICAL THERAPY

SESSIONS. The RFA for the report is dated 12/22/14, and the patient's date of injury is 10/17/01. The patient is status post hip replacement date of the surgery not available. Diagnoses, as per the same progress report, includes chronic pain syndrome, lumbar disc degeneration, dyspepsia, hiatal hernia due to medication use, right shoulder impingement, and Type II diabetes mellitus. Medications include Aciphex, Celebrex, Glimpiride, Metformin, Nexium, Percocet and Prilosec. In progress report dated 08/23/14, the patient complains of left hip and right shoulder pain. The patient has been instructed to stay off work, as per progress report dated 04/12/14. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient is status post hip replacement. However, the date of this procedure is not documented in the progress reports. Hence, it is not known whether the patient is within the post-operative time frame or not. Requests for physical therapy are noted in multiple progress reports including ones dated 04/12/14 and 03/01/14. In progress report dated 12/20/14, the treater states that the patient has had physical therapy in the past. The UR letter also states that the patient has had extensive physical therapy. In progress report dated 12/20/14, the treater states the patient needs 8 sessions of physical therapy to evaluate and treat the left hip and the right shoulder, priority being hip. Work on hip strengthening and stretching and right shoulder rotator cuff repair. While none of the reports document the actual amount of PT sessions the patient has received in the past, the treater's request for 8 sessions appears reasonable and is within the range recommended by MTUS. Hence, the request IS medically necessary.