

Case Number:	CM15-0008450		
Date Assigned:	01/26/2015	Date of Injury:	07/30/2013
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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, Arizona

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 39-year-old female who reported an injury on 07/30/2013. The mechanism of injury was reportedly due to a fall. The diagnoses included lumbar spine sprain, left shoulder strain and left hip strain. Past treatments included medications, work modifications, use of TENS unit, functional restoration program, and acupuncture. Diagnostic studies included an official MRI of the left hip, performed on 10/16/2013, which was noted to reveal unremarkable MRI of hip joint; an official MRI of the lumbar spine performed on 10/16/2013, which was noted to reveal MRI unremarkable, and uterus appears bulky; an official MRI of the right ankle, performed on 10/16/2013, which was noted to reveal tenosynovitis of flexor hallucis longus tendon, small effusion at the talofibular, tibiotalar and subtalar joints, and small cyst/erosion in the calcaneus and talus. On 01/15/2015, the injured worker reported constant low back pain, shoulder pain and pain to the left hip and groin area aggravated by prolonged sitting. The injured worker reported decreased low back pain and the ability to do more daily activities. Examination revealed an increase in range of motion of the left shoulder from 170 degrees to 175 degrees of abduction, 40 degrees to 45 degrees of adduction, and 4+/5 to 5/5 muscle strength. Physical examination of the lumbar spine revealed 40 degrees to 45 degrees of flexion, 25 degrees to 20 degrees of extension. Physical examination of the hip revealed an increase of range of motion from 105 degrees to 110 degrees on flexion, 20 degrees to 30 degrees of abduction and adduction. Her current medications were not specified. The treatment plan included a regular home exercise program and home care. The request was received for Physical

Therapy 2x weekly for 6 weeks. The rationale for the request was not submitted. The request for authorization form was not 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 2x weekly for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, 127.

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

Decision rationale: The California MTUS Guidelines recommend up to 10 visits of physical therapy for neuralgia, neuritis, and radiculitis. The clinical information indicated that the injured worker has completed previous physical therapy. However, the number of sessions completed to date was not specified. In addition, the clinical information indicated that the injured worker gained a significant increase in range of motion. However, there was no documentation with evidence of functional improvement including ability to complete activities of daily living, with previous physical therapy. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Physical Therapy 2x weekly for 6 weeks is not medically necessary.