

Case Number:	CM15-0105561		
Date Assigned:	06/09/2015	Date of Injury:	11/11/2013
Decision Date:	07/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/01/2015

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 45 year old female, who sustained an industrial injury on November 11, 2013. Treatment to date has included CT of the right shoulder, home exercise program, medications, and activity/work modifications. Currently, the injured worker complains of right shoulder pain and right hip pain. She has a restricted range of motion in the right shoulder. On physical examination, the injured worker is tenderness to palpation over the right anterior shoulder and her range of motion is reduced in flexion and abduction. An impingement test is positive. She has tenderness to palpation over the paravertebral muscles of the lumbar spine and spasm is present. Her lumbar range of motion is restricted and she has a positive straight leg raise test on the right. Her right hip is tenderness to palpation and the range of motion is slightly reduced in flexion and abduction. The diagnoses associated with the request include derangement of the shoulder joint, recurrent dislocation of the shoulder, lumbar radiculopathy and enthesopathy of the hip. The treatment plan includes medication, continued home therapy, orthopedic surgeon evaluation for the right shoulder and physical therapy for the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

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

Decision rationale: Clinical reports submitted had no focal neurological deficits or ADL limitation to support for further PT treatment. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury of November 2013. Submitted reports have not adequately demonstrated the indication to support further physical therapy. The Physical therapy 3x4 right hip is not medically necessary and appropriate.