

Case Number:	CM15-0191810		
Date Assigned:	10/05/2015	Date of Injury:	06/20/2014
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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 49 year old male, who sustained an industrial injury on 6-20-2014. He reported developing pain in the right groin, right shoulder and low back from lifting activity. Diagnoses include lumbar sprain-strain, radiculopathy, tight shoulder sprain-strain, impingement syndrome, right hip internal derangement, and right inguinal hernia. Treatments to date include activity modification, anti-inflammatory, opioid, and although the records did not document the number of completed physical therapy sessions, the records submitted included 39 therapy SOAP notes from 4-1-15 through 8-28-15. On 9-15-15, he complained of ongoing pain in the lumbar spine, right shoulder, right hip, and inguinal pain. Pain was rated 4-5 out of 10 VAS, which was improved from 8-9 out of 10 VAS reported one month prior. The physical examination documented decreased strength in the right hamstring. The lumbar spine range of motion was decreased and painful. There was lumbar, sacroiliac, and sacrum tenderness with palpation with muscle spasms noted. The Lasegue's, Kemp's, and straight leg raise were positive. The right shoulder was tender with a positive Speed's test and Neer's test. The right hip demonstrated tenderness with muscle tenderness and positive Patrick's Fabere test. The plan of care included an evaluation to a general surgeon and additional physical therapy. The appeal requested authorization for six additional physical therapy sessions for the lumbar spine, right shoulder and right hip. The Utilization Review dated 9-23-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy visits for the lumbar spine, right shoulder and right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic) - Hernia - Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient was injured on 06/20/14 and presents with pain in his lumbar spine, right shoulder, and right hip. The request is for 6 Physical therapy visits for the lumbar spine, right shoulder and right hip. There is no RFA provided and the patient is to remain off of work until 10/29/15. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with lumbar sprain-strain, radiculopathy, tight shoulder sprain-strain, impingement syndrome, right hip internal derangement, and right inguinal hernia. Treatment to date includes activity modification, anti-inflammatory, opioid, and physical therapy. There is no indication of any recent surgery the patient may have had. The patient has had at least 39 sessions of therapy from 04/01/15 to 08/28/15. However, there is no indication of how these sessions impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. Furthermore, the requested 6 sessions of physical therapy in addition to the 39 sessions he has already had exceeds what is recommended by MTUS guidelines. The request is not medically necessary.