

Case Number:	CM15-0199924		
Date Assigned:	10/15/2015	Date of Injury:	11/24/2010
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/12/2015

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, Hawaii

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 54 year old female, who sustained an industrial injury on 11-24-2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical pain, shoulder pain, and hip pain. On 9-9-2015, the injured worker reported right shoulder and right hip pain rated 4.5 without medications on a scale of 1 to 10. The Primary Treating Physician's report dated 9-9-2015, noted the injured worker's activity level had decreased. The injured worker's current medications were noted to include Pennsaid, Lidoderm patches, Skelaxin, Baclofen, and Ranitidine. The physical examination was noted to show the cervical spine with loss of normal cervical lordosis with restricted range of motion (ROM) by pain, hypertonicity and spasm noted in the paravertebral muscles, and trigger points with radiating pain in palpation at the cervical paraspinal muscles. Tenderness was noted over the right trochanter and right biceps groove and subdeltoid bursa. Prior treatments have included physical therapy in 2012 with minimal to moderate pain relief, acupuncture in 2012, psychotherapy, TENS unit, and lumbar epidural steroid injections. The treatment plan was noted to include 6-month gym membership, 6 sessions of massage therapy, and 6 additional visits of physical therapy. A physical therapy note dated 8-20-2015, noted as visit number 12, noted the injured worker with some intermittent relief with physical therapy and good rehab potential. The request for authorization was noted to have requested 6 physical therapy sessions for the right hip, lumbar spine, iliotibial band and mid back. The Utilization Review (UR) dated 9-23-2015, non-certified the request for 6 physical therapy sessions for the right hip, lumbar spine, iliotibial band and mid back.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions for the right hip, lumbar spine, iliotibial band and mid back:
Upheld

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

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

Decision rationale: The patient presents with pain affecting the right hip, lumbar spine, iliotibial band and mid back. The current request is for 6 physical therapy sessions for the right hip, lumbar spine, iliotibial band and mid back. The treating physician report dated 9/9/15 (10B) states, "she is to begin 6 sessions of personal training services." The report goes on to state, "Request additional 6 visits of physical therapy. She continues in 6 sessions of PT that were approved. She states she had 7 visits sporadically initially." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 7 sessions of physical therapy previously as well as an additional 6 sessions that were authorized recently. The patient's status is not post-surgical. In this case, the patient has received at least 7 sessions of physical therapy to date, and has been authorized for an additional 6 sessions, therefore the current request of another 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.