

<b>Case Number:</b>	CM15-0041501		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 50 year old, who sustained an industrial injury on 10/08/2013. On provider visit dated 02/02/2015 the injured worker has reported ongoing neck pain that radiates to right shoulder, right wrist pain and lower back pain. The diagnoses have included cervical strain, right shoulder AC joint degenerative joint disease, right shoulder impingement syndrome vs. rotator cuff tear, and right hip contusion. Treatment to date has included an unclear number of physical therapy sessions and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve additional physical therapy for the right hip, two times per week for six weeks, as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The goal of physical therapy is to educate patients to be independent in their care taking. As per MTUS guidelines, 9-10 visits over 8 weeks for myalgias or 8-10 visits over 4 weeks for neuralgia/neuritis is recommended. The patient has received an unknown amount of physical therapy in the past. Also, his functional improvement has not been documented. There was no documentation from his physical therapy sessions. There is no indication as to why supervised physical therapy is necessary at this point. The patient should be able to continue with home exercise program. Therefore, the request as stated is considered not medically necessary.