

Case Number:	CM15-0085503		
Date Assigned:	05/07/2015	Date of Injury:	11/24/2010
Decision Date:	06/18/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/04/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 53 year old female who sustained an industrial injury on 11/24/10. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, acupuncture, exercise program, TENS unit, psychotherapy, and lumbar epidural steroid injections. Diagnostic studies include MRIs, electro diagnostic studies, and x-rays. Current complaints include pain in the neck, lower back, right shoulder/arm/elbow/hand and right hip. Current diagnoses include cervical pain, muscle spasm, shoulder and hip pain. In a progress note dated 04/08/15 the treating provider reports he plan of care as massage therapy, physical therapy, MRI of the right shoulder, and medications including Pennsaid solution, Lidoderm patches, and a trial of Skelaxin. MRI of hip dated 6/16/11 revealed mild fraying of right acetabular labrum with no tear; insertional gluteal tendinopathy vs strain. Patient has had prior physical therapy with subjective improvement. The requested treatment is physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time a week for 6 weeks for the right hip: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT but only 7 noted sessions and was reportedly sporadic. Prior PT was reportedly helpful with patient reporting some improvement in short term function. Patient has reportedly been attempted home exercise with mild improvement. Due to lack of coordinated and consistent PT, a trial of 6 physical therapy sessions is medically necessary before more aggressive treatment.