

Case Number:	CM14-0118918		
Date Assigned:	09/16/2014	Date of Injury:	11/24/2010
Decision Date:	10/16/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 year old male who sustained a work related injury to his cervical spine, lumbar spine, lower extremities, hips, sleep disorder, upper extremities and shoulder. Prior treatment history has included Meloxicam, 24 sessions of physical therapy to hip and lower extremity, which has helped, chiropractic therapy, and Mobic. Progress report dated 08/27/2014 documented the patient to have complaints of pain in bilateral shoulders and requested a cortisone injection as it has helped in the past. Objective findings on exam revealed shoulder flexion at 150 degrees; strength is 4/5 throughout rotator cuff with mild pain. He has positive impingement sign bilaterally as well as Hawkins. There is no pain with range of motion of the neck and there were no neurological deficits. This patient is diagnosed with lumbago, cervicgia, enthesopathy of the hip region and disorders of the bursae and tendons in shoulder region. He is recommended for 12 additional sessions of physical therapy to the bilateral shoulders. Prior utilization review dated 08/06/2014 states the request for Additional Physical Therapy 1-2 times weekly for 6 weeks, right hip (Quantity 12) is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 1-2 times weekly for 6 weeks, right hip (Quantity 12): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 7, 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and pelvis, Physical medicine treatment

Decision rationale: Based on a review of the supporting documentation, the request is for additional physical therapy for the right hip. The patient has received 24 sessions of therapy for the hip and lower extremities. Based on the lack of supporting documentation, that would establish the medical necessity for additional therapy on the right hip, this request is denied.