

Case Number:	CM14-0216788		
Date Assigned:	01/06/2015	Date of Injury:	01/13/2014
Decision Date:	03/05/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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:

This 57 year old female sustained a work related injury on 1/13/2014. The mechanism of injury was reported to be injury from falling out of a chair. The current diagnoses are bilateral shoulder impingement associated with scapulothoracic dyskinesia, right shoulder AC joint arthrosis, right hip pain possible labral tear versus trochanteric bursitis, and lumbar spine pain. According to the progress report dated 12/9/2014, the injured workers chief complaints were pain, weakness, stiffness, numbness, and tingling in right shoulder, cervical spine, and right hip. She rates her cervical pain 7/10 on a subjective pain scale. Symptoms are relieved by rest and pain medications. The physical examination revealed tenderness over the cervical paraspinal muscles. Current medications are Ibuprofen, Naproxen, and Voltaren. The injured worker was previously treated with medications, physical therapy, injection, and rest. On this date, the treating physician prescribed 12 physical therapy sessions for bilateral shoulders and right hip, which is now under review. The records refer to a prior course of physical therapy, but do not provide specific dates or results. An MRI of the right shoulder was performed on 11/21/2014, which demonstrates ac joint arthrosis with no evidence of rotator cuff tear. When physical therapy was prescribed work status was regular duty. On 12/17/2014, Utilization Review had non-certified a prescription for 12 physical therapy sessions for bilateral shoulders and right hip. The physical therapy was modified to 6 sessions to allow for a clinical trial. The California MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the bilateral shoulder & right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. 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: This patient presents with right shoulder, neck and right hip pain. The current request is for "My treating physician recommended 12 sessions for bilateral shoulder and right hip. The authorization was modified to 6 sessions instead of . These are body parts I haven't received any therapy for." Progress report dated 12/9/14 requests 12 physical therapy sessions "to work on scapulothoracic strengthening motion and rhythm, a home exercise program, and modalities as indicated." The Utilization review dated 12/17/14 modified the certification from the requested 12 sessions to 6 sessions stating that the claimant has not yet received physical therapy for her chronic right shoulder complaints. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, neuralgia-type symptoms, 9 to 10 sessions over 8 weeks. There is one physical therapy progress report from 9/3/14 which addresses the lumbar spine. There is no indication of physical therapy for the bilateral shoulder or right hip. Given the patient continued complaints of pain, a course of 9-10 sessions is supported by MTUS guidelines. The treating physician's request for initial 12 sessions exceeds what is recommended by MTUS. The requested physical therapy IS NOT medically necessary.