

Case Number:	CM15-0091091		
Date Assigned:	05/15/2015	Date of Injury:	01/15/2015
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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, North Carolina

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 40-year-old female, with a reported date of injury of 01/15/2015. The diagnoses include right trapezius strain, right hip contusion, right hip strain, lumbosacral sprain/strain, right shoulder strain and possible impingement syndrome, and right cervical sprain/strain. Treatments to date have included x-ray of the right shoulder, which showed normal glenohumeral space, an x-ray of the cervical spine that showed normal cervical lordosis and no fracture, and oral medications. The progress report dated 03/20/2015 indicates that the injured worker complained of pain in the neck, lower back, shoulder, right leg, right foot, and right hip area. The physical examination showed tenderness at C6, C7, T1, and T2; trapezial spasm; decreased cervical spine range of motion; right shoulder pain in abduction and range of motion; paravertebral muscle spasm in the lumbar spine; tenderness at the lumbosacral junction; tenderness at L4, L5, and S1; decreased lumbar spine range of motion; and positive straight leg raise test. There were no objective findings for the right hip. The treating physician requested eight (8) physical therapy sessions for the shoulder (unknown right versus left), lumbar spine, and right hip. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Physical Therapy for Shoulder, (Unknown Right Versus Left), Lumbar Spine, Right Hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 299, 212.

Decision rationale: The claimant has had prior PT sessions that were effective in relieving her symptoms and improving functional capacity. Her current diagnosis is shoulder, trapezius and cervical strain after lifting a box. The request is for eight PT treatments for an unspecified shoulder, LS spine and right hip. The ACOEM guidelines in regard to the shoulder (table 12-5) states. "Institution of proper exercise technique is important, and a few visits to a good physical therapist can serve to educate the patient about an effective exercise program." MTUS/ACOEM guidelines for the low back also recommend 1-2 visits for education, counseling and evaluation for a home exercise program. In this case, the patient has had prior physical therapy and there is no evidence in the records reviewed that continued supervised therapy is necessary. The request for eight additional PT visits is thus deemed not medically necessary or appropriate.