

Case Number:	CM13-0002667		
Date Assigned:	12/11/2013	Date of Injury:	02/28/2013
Decision Date:	06/19/2014	UR Denial Date:	06/24/2013
Priority:	Standard	Application Received:	07/23/2013

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 & Rehabilitation, and is licensed to practice in California. 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 injured worker is a 56-year-old male who reported an injury on 02/28/2013. The mechanism of injury was not specifically stated. The current diagnoses are traumatic amputation of the arm and hand. The latest Physician's Progress Report submitted for this review is documented on 04/07/2013. Physical examination revealed no apparent distress, normal coordination, intact sensation, minimal edema to the left arm, full range of motion of bilateral upper extremities and a well healing amputation. X-rays obtained in the office on that date indicated unchanged fracture and plate/screws with no new bone formation noted. Treatment recommendations at that time included an MRI of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER: PHYSICAL MEDICINE GUIDELINES,

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. As per the documentation submitted, the injured worker demonstrated full range of motion with normal grip strength and normal motor tone. There was no evidence of a significant musculoskeletal or neurological deficit that would warrant the need for ongoing physical therapy. There is also no body part listed in the current request. Therefore, the request is is not medically necessary and appropriate.