

Case Number:	CM13-0010858		
Date Assigned:	12/11/2013	Date of Injury:	02/28/2013
Decision Date:	01/31/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease, 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 physician 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 56-year-old male who reported a work-related injury on 2/28/13 as the result of a crush injury to the left upper extremity. The patient is status post a left arm amputation as of 2/28/13. The clinical notes evidence that the patient has attended 24 sessions of physical therapy. He was also seen in clinic under the care of [REDACTED]. The provider documented that the patient reported continued pain to the left shoulder over the deltoid and the anterior posterior aspects. The patient has chest wall pain from his cervical spine down to the T7 level. The provider documented that the patient was seen by a different provider for an amputation above the elbow with closure. The patient is being seen for consideration of a prosthetic. The provider documented that the patient takes morphine sulfate, Norco 10/325, Gabapentin, Ambien, and Lexapro. The provider documented that the patient was status post amputation above-the-elbow with a prosthesis over the left chest wall with pain limiting the motion of his stump to 40 degrees of flexion, 30 degrees of abduction and 25 degrees of extension. There was multiple scarring on the stump with numbness on the distal 5 inches and hyperalgesia and allodynia in the shoulder and chest wall, axilla and pectoralis region. The worse pain reported was over the shoulder. The provider documented that the patient benefited from physical therapy. The patient's shoulder was very stiff with scar tissue limiting motion. The patient has had minimal improvement in the last few visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for six additional physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17-18.

Decision rationale: The clinical documentation submitted for review reported that the patient was status post an above-the-elbow left arm amputation as of 2/28/13. The patient continues to report significant pain complaints with the utilization of a medication regimen, to include morphine and Norco 10/325. The physical therapy evaluation dated 7/25/13 reported that the patient rated his pain at a 2/10. The patient had completed 24 sessions of physical therapy as of that date. The provider documented that the patient's range of motion to the left shoulder was limited due to scar tissue. Additionally, the provider documented that the patient had made minimal progress with the last few sessions of supervised therapeutic interventions. The California MTUS Postsurgical Treatment Guidelines recommend 30 visits over 6 months. The patient has completed 24 sessions. However, the provider documented that the patient has made minimal progress due to scar tissue limitations. Given all of the above, the request for six additional physical therapy sessions is neither medically necessary nor appropriate.