

Case Number:	CM13-0035549		
Date Assigned:	12/13/2013	Date of Injury:	11/02/2012
Decision Date:	02/12/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 claimant is a 46-year-old male who was involved in an industrial-related injury on 11/2/2012. The mechanism of this injury was a slip and fall while taking down material off the back of the truck. The claimant sustained a clavicular fracture. Subsequently on 1/28/2013, the claimant underwent right clavicle surgery which entailed open reduction and internal fixation of the non-union. This was followed by a course of post-operative therapy. The nurse case manager summary indicates that the claimant has received 20 post-operative treatments. On 9/11/2013 the claimant was reevaluated by [REDACTED]. This report indicated that the claimant said he was much better regarding his clavicle. He received a corticosteroid injection to his right acromioclavicular joint on 8/5/2013, given by [REDACTED]. The claimant stated this gave him temporary relief. [REDACTED] has ordered a right shoulder MRI. [REDACTED] recommended light duty work and 12 additional physical therapy treatments. The purpose of this review is to determine the medical necessity for the requested 12 additional physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient physical therapy 2 times per week for 6 weeks for the right shoulder:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Operative Physical Therapy Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: The guidelines state that the recommended course of physical therapy is 8 visits over 10 weeks. With documentation of failure of a home exercise program or of functional goals that require continued formal physical therapy, additional physical therapy visits may be warranted. In this case, there is documentation that the patient completed formal physical therapy. The patient also has been compliant with his home exercise program, as documented in the subjective section of a note on date of service September 26, 2013. There is no documentation of what specific physical therapy exercises or modalities are medically necessary at this point. Therefore, the requested additional physical therapy is not medically necessary or appropriate at this time.