

Case Number:	CM13-0036449		
Date Assigned:	12/13/2013	Date of Injury:	07/08/2013
Decision Date:	04/28/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/21/2013

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:

This 59 year-old female director for [REDACTED] Company sustained a left shoulder injury on 7/8/13 when the patient tripped and fell over a small cement ball while getting lunch at a food truck. A report of 9/14/13 from the specialist provider noted the patient sustained a left proximal humerus fracture and closed right wrist fracture. She has been going to physical therapy for the last four weeks with improved range of motion and symptoms. Exam showed left shoulder range of active flex/ER of 90 and 45 degrees with passive flexion of 120 degrees; good capillary refill in left hand; sensation grossly intact; and has no lymphadenopathy palpated. CT scan was reviewed. Diagnosis was comminuted left proximal humerus fracture with improving symptoms. Treatment plan noted "there is nothing to do for her left shoulder at present time." Physical therapy was recommended. The provider noted no concern of fracture healing and that she is doing fine without need for any surgery to the left shoulder. It was noted the provider has requested for physical therapy to the right wrist, but the range of motion "looks to be near normal to me" and she had "negative Tinel, negative Phalen's, and negative carpal tunnel compression test." Her history was suggestive of carpal tunnel related problem, "but her exam is not suggestive of this" recommending observation. Follow-up was as needed. The request for the above physical therapy was partially-certified for quantity of 2x2 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2-3 TIMES PER WEEK FOR 12 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary

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

Decision rationale: Although the MTUS Chronic Pain Guidelines recommend 24 PT visits for humeral fracture, this pertains to post-operative course with functional improvement; however, the patient is not under a post-operative course of treatment. It is unclear how many total PT visits has been completed; however, a PT note dated 8/20/13 documented 8 planned visits. The patient was recently partially-certified for another 4 visits. Submitted reports have not demonstrated the medical indication for an additional 24-36 PT visits with documented functional improvement to continue treatment outside the guidelines recommendations. The request is therefore not medically necessary and appropriate.