

Case Number:	CM13-0050559		
Date Assigned:	12/27/2013	Date of Injury:	03/26/2012
Decision Date:	03/26/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/13/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Washington DC, Maryland, and Florida. 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 35-year-old female who was injured on 3/26/2012. The patient states that on the date of injury while walking in the yard of the company, she stepped on a bolt with her left heel and twisted her left ankle. The patient states that she fell forward landed on her right elbow and she thinks that as a result of fall on the right elbow she pushed her right shoulder and hurt her right shoulder. The patient informed her employer of the occurrence and was referred to a clinic. The patient underwent physical examination; and x-ray of her ankle was obtained. She was provided with medication and she states that no care was given to her right elbow and right shoulder. The patient was provided an ankle brace for her left ankle symptoms. The patient states that she received treatment at the clinic referred to her by her employer for about 30 days and later through the help of an attorney she was referred to [REDACTED]. Since being seen by [REDACTED] the patient states that the symptoms in her left ankle have markedly improved though she occasionally has some stiffness. She also states that her right elbow and right shoulder symptoms improved markedly, but she has some tingling extending from her right elbow to the little finger and ring ringer of the right hand and also while moving the large steering wheel she has some pain in her right shoulder. Her treatment under the care of [REDACTED] included physical therapy, acupuncture and an MRI of the right shoulder. The patient was released to go back to work with modified work duties however because of the numbness in her little and ring finger of the right hand she was placed on disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain(Chronic) Physical Medicine

Decision rationale: Regarding physical therapy, guidelines state that 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. There should be a fading of treatment frequency from 3 visits per week to 1 or less. Active self directed home exercise should be a part of therapy. The Official Disability Guidelines recommends up to 10 visits over 8 weeks for shoulder sprains. Physical therapy is not indicated at this time. Available records indicate that the patient has received at least 8 sessions of physical therapy in the past. The patient was found to be permanent and stationary per the narrative report on 10/21/2013. At that time the patient had returned to full duty at work. Exam findings from 4/26/2013 were reviewed which revealed the right shoulder within normal limits. [REDACTED] recommended no further treatment at that time. Based on this discussion, the request for 6 physical therapy sessions is not medically necessary.