MAXIMUS Federal Services

Case Number:	CM13-0052847		
Date Assigned:	12/30/2013	Date of Injury:	01/19/2013
Decision Date:	06/26/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/18/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 64 year old with an injury date on 1/19/13. Based on the 10/7/13 progress report provided by the physician the diagnoses are: Left C6 radiculopathy vs. RSK, arthrofibrosis left elbow and shoulder, left humerus fracture, status post ORIF, left supraorbital laceration, healed, cervical degenerative disc disease C3-C7, cervical stenosis C4-C7, spondylolisthesis C3-C4 and C4-C5, and concussion with loss of consciousness from 31-59 minutes. An exam on 10/7/13 showed severally limited range of motion in left shoulder, positive impingement sign on left. Elbow range of motion is mildly limited." The physician is requesting continued physical therapy 2x6 left elbow/shoulder. The utilization review determination being challenged is dated 10/24/13. The physician is the requesting provider, and he provided treatment reports from 2/11/13 to 10/7/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY 2X6 (LEFT ELBOW/SHOULDER): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 26, 27,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder (Post-surgical MTUS) Page(s): 26, 27,Postsurgical Treatment Guidelines.

Decision rationale: This patient presents with neck pain extending to left shoulder and left humerus, with numbness/burning sensation in left hand and is s/p left humerus ORIF from 1/29/13. The treater has asked continued physical therapy 2x6 left elbow/shoulder on 10/7/13 for "passive range of motion." Patient had 6 sessions of physical therapy from 5/2/13 to 6/4/13. On 6/3/13, treater requests another 8 sessions of physical therapy for range of motion, and will consider range of motion under anesthesia if therapy doesn't help. On 6/20/13, treater requests cervical epidural steroid injection for patient to be able to undergo more aggressive physical therapy. Patient had 6 sessions of physical from 8/16/13 to 9/3/13 without significant improvement per 10/7/13 report. MTUS guidelines recommend 24 physical therapy visits over 14 weeks within 4 months post humerus fracture. In this case, the patient still has limited range of motion, and requested 12 additional sessions of physical therapy are within MTUS guidelines. Recommendation is for authorization.