

Case Number:	CM13-0069362		
Date Assigned:	01/03/2014	Date of Injury:	02/08/2012
Decision Date:	05/02/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/20/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 27-year-old male who reported an injury on 02/08/2012 after he was hit by a vehicle. The patient sustained multiple injuries. The patient's treatment history included multiple surgeries, physical therapy, and multiple medications. The patient was evaluated on 11/05/2013. It was noted that the patient recently underwent vascular surgery due to an occluded stent and bypass. It was documented that the patient had ongoing left arm fatigue with prolonged use. Physical findings included no active wrist extension and significant atrophy surrounding the shoulder girdle. The patient's diagnoses included severe left brachial plexopathy, left axillary artery transection, status post fusion of the C1-2, status post open reduction and internal fixation of the left ankle, status post left ankle debridement, status post open reduction and internal fixation of the left clavicle fracture, fractured ribs on the left side 5 through 7, bilateral fibular fractures, left ACL and MCL rupture, pulmonary contusion, cardiac contusion, laceration of the left jaw, laceration of the left occiput, and cellulitis of the left lower extremity. The patient's treatment plan included continuation of physical therapy for the left arm and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The requested Physical Therapy (2) times a week for (6) weeks for the left upper extremity is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule does recommend physical therapy to address pain, weakness, and range of motion deficits. The clinical documentation submitted for review does provide evidence that the patient has ongoing left upper extremity deficits that would benefit from additional physical therapy. The clinical documentation does indicate that the patient has a significant history of physical therapy. As the patient has ongoing deficits with a complicated surgical history, additional physical therapy would be appropriate for this patient. However, the California Medical Treatment and Utilization Schedule recommends 8 to 10 visits of physical therapy for this type of injury. The requested 12 visits exceed this recommendation. Additionally, the clinical documentation does not clearly indicate the patient's previous number of physical therapy visits for the left upper extremity. Also, there was no documentation of the efficacy of the prior therapy. As such, the requested Physical Therapy (2) times a week for (6) weeks for the left upper extremity is not medically necessary or appropriate.