

Case Number:	CM13-0070262		
Date Assigned:	01/03/2014	Date of Injury:	06/17/2013
Decision Date:	04/02/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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 Internal Medicine, and is licensed to practice in New York. 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 52 year old female with a date of injury on 06/17/2013. She sustained a crush injury and burn injury to the right hand and had multiple surgeries. She had 18 physical therapy visits for her hand. She developed stiffness and pain in the right shoulder and elbow after periods of immobilization. There is no documentation of any intrinsic joint injury to the right shoulder or right elbow. The request is for 12 physical therapy visits for the right shoulder and right elbow (not the hand).

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of twelve (12) physical therapy visits for the right shoulder and elbow between 12/5/13 and 1/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Therapy (PT) Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Elbow complaints, Revised 2007. Additionally, Official Disability Guidelines (ODG) 2014.

Decision rationale: There are no recommendations of the exact number of physical therapy visits to the shoulder or elbow in MTUS for a secondary immobilization problem of the hand that affects the shoulder and elbow. However, there is no intrinsic injury to the shoulder or elbow. The suggestion is that a couple of physical therapy visits may be indicated for instruction of a home exercise program for improved range of motion and increased strength following immobilization. The ODG for various injuries to the shoulder and elbow allow up to 10 visits for sprain/strain injuries to those joints. There is no documentation of any strain or sprain to the elbow or shoulder. The request of 12 physical therapy visits exceeds the maximum allowed visits for non-surgical physical therapy treatment for even a direct primary injury to those joints. Again, 1 or 2 visits for instruction in a home exercise program would be consistent with the ODG.