

Case Number:	CM13-0071746		
Date Assigned:	01/08/2014	Date of Injury:	05/20/2012
Decision Date:	06/05/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/30/2013

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 and is licensed to practice in Illinois. 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 injured worker is a 26 year old female who reported an injury on 05/20/2012. The mechanism of injury was direct contact with a school bus that backed up and hit the ladder she was standing on top of. She was ultimately diagnosed with left scaphoid fracture, left elbow contusion, left shoulder contusion, sprained left shoulder, sprained left knee and fracture of the carpal bones of her left wrist. The injured worker had a normal MRI scan and had undergone 24 physical therapy sessions. The most recent physician report is for a follow up and dated 11/15/2013. The injured worker reported left wrist pain 8/10, left shoulder pain 7/10, left knee pain 6/10, low back pain with lower extremity symptoms 7/10. The exam findings included tenderness to left knee as well as lumbar spine and left wrist diffusely. Range of motion is limited with pain and spasm of the lumbar paraspinal musculature is less pronounced. She was diagnosed with lumbar myofascial pain, status post left wrist fracture, left shoulder impingement syndrome, left knee possible patellofemoral contusion internal derangement and tremor and numbness of left hemibody. The treatment plan included Tramadol, Hydrocodone, Naproxen and cyclobenzaprine. The request for authorization for medical treatment is dated 12/03/2013.

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 FOUR (4) WEEKS TO THE LUMBAR, LEFT KNEE, LEFT WRIST AND LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: The injured worker has reported an injury with pain that is persistent after 24 visits of physical therapy and medication. The most recent physical exam notes range of motion was limited and with pain; however, the degree of physical limitations are not documented with regard to range of motion values. The CA MTUS Chronic Pain Medical Treatment Guidelines for Physical Medicine recommend active therapy to restore flexibility, strength, endurance, function, range of motion and to alleviate discomfort. The Physical Medicine Guidelines allow for up to 10 sessions for the injured worker's condition. The request exceeds guideline recommendations. The injured worker had a documented course of physical therapy and therefore according to the guidelines the injured worker is appropriate for home exercise. The request for Physical Therapy is not medically necessary.