

Case Number:	CM14-0007138		
Date Assigned:	02/07/2014	Date of Injury:	01/17/2013
Decision Date:	07/11/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/20/2014

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 Occupational Medicine 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 50-year-old male who has submitted a claim for status post distal radial fracture of the right wrist with significant fibro-arthrosis, and adhesive capsulitis of the right shoulder associated with an industrial injury date of January 17, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in his right shoulder, right wrist, right hand and right elbow. Pain is constant and increases with daily activities. On physical examination, there was no AC (Acromioclavicular) joint, biceps, or lateral deltoid tenderness. Range of motion of the right shoulder showed FF (Forward flexion): 120 degrees, ABD (Abduction): 90 degrees, ER (External Rotation): 25 degrees, IR (Internal Rotation): Hip, SER: 10 degrees, with pain and SIR: 10 degrees, no instability. Muscle strength test showed ER: 4/5, IR: 4/5 and ABD: 4/5. Treatment to date has included medications, cast immobilization, and physical therapy. Utilization review from December 23, 2013 denied the request for 4 sessions of physical therapy because utilization review done on November 14, 2013 approved an additional 8 PT sessions for the shoulder, which included a statement that if no significant objective functional improvement is noted, ongoing Physical Therapy would not be supported. Medical records did not provide significant objective functional improvement or Range Of Motion (ROM) improvement hence the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADD'1 PT 1-2 X WEEK FOR 2-3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines, Rotator Cuff Syndrome and Surgery; Adhesive Capsulitis.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has had a total of 43 Physical Therapy sessions for his right wrist and 14 sessions of Physical Therapy for his shoulder. Review of medical records revealed no significant objective functional improvement or ROM improvement after several sessions of physical therapy. The request also did not specify the specific body part to be treated. Therefore, the request for additional physical therapy 1-2 sessions a week for 2-3 weeks is not medically necessary.