

Case Number:	CM14-0007382		
Date Assigned:	02/10/2014	Date of Injury:	06/28/2013
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 59 year old male who was injured on 06/28/2013 when he slipped and fell backwards experiencing a fracture of the distal radius and ulna. Prior treatment history has included physical therapy for a total of 17 visits for the left hand. There is no physical therapy progress notes submitted for review. Surgery was done 08/07/2013 for a left distal radius fracture. He has used a shoulder immobilizer. The patient's medications include: 1. Tramadol 50 mg 2. Voltaren 75 mg Diagnostic studies reviewed include an electrodiagnostic report dated 11/20/2013. PR-2 dated 01/02/2014 documented the patient with complaints of neck and back pain. Objective findings on exam of the left upper back reveal pain in the left levator, scapula muscle, trapezius muscle, rhomboid muscle, infraspinatus muscle and border of scapula. There is diffuse prominence about left scapula, no edema per se. There is 2+ tenderness to palpation, left levator scapula, minimal trapezius, mild to moderate supraspinatus and infraspinatus and rhomboid muscles. Certain reaching motions create pain. There is generalized swelling about the left scapula. Examination of the left wrist reveals no tenderness to palpation. There is diffuse swelling. Diagnoses: Closed fracture of the radius. UR report dated 01/09/2014 did not certify the request for additional PT 2x per week for right shoulder and left hand. Guidelines allow for up to 16 postoperative physical therapy visits over eight weeks. At this point, 18 have already been provided and the postoperative period has long passed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PT 2X PER WEEK FOR RIGHT SHOULDER QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

Decision rationale: MTUS and ODG guidelines recommend physical therapy for shoulder pain under certain conditions. The patient is a 59 year old who suffered a left distal radius fracture after a fall on 6/28/13. At the time of the request for right shoulder physical therapy, the patient was complaining of neck pain with radicular symptoms. Shoulder complaints and physical examination are not documented. Rationale for right shoulder physical therapy is not provided. It is not clear if right shoulder physical therapy was done previously. Medical necessity is not established.