MAXIMUS Federal Services

Case Number:	CM14-0008835		
Date Assigned:	02/12/2014	Date of Injury:	10/30/2012
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/22/2014

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 Neurological Surgery 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 injured worker is a 30 year old male injured on October 30, 2012. The noted diagnosis is contracture of the upper extremity joint. Additional physical therapy was not certified in the pre-authorization process. The injury was noted as a burn. Multiple skin grafts were required to address the injury. More than one-hundred physical therapy visits have been completed. Marked improvement in shoulder range of motion is reported. This request is for twenty-four visits of physical therapy over a period of six months to the shoulders and elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY WEEKLY FOR 6 MONTHS-24- VISITS, SHOULDERS AND ELBOWS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Burn Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 9 Page(s): 201.

Decision rationale: It is noted that a significant injury occurred. However, the physical therapy notes indicate marked improvement. The injured employee is able to participate in varied physical activities and has demonstrated the ability to manage ongoing self directed therapy.

Nothing other than a home-based, self-directed exercise protocol emphasizing overall fitness and conditioning would be indicated. Therefore, the request is not medically necessary.