

Case Number:	CM14-0101371		
Date Assigned:	07/30/2014	Date of Injury:	04/12/2013
Decision Date:	08/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 65-year-old male with date of injury of 04/12/2013. The listed diagnoses per [REDACTED] are: 1. Status post fall at work from 04/20/2013 resulting in closed right tibia fracture, status post locked intramedullary nailing. 2. Right shoulder contusion/sprain, rule out internal derangement. According to the report dated 12/23/2013, the patient complains of constant pain and stiffness in the right shoulder and right knee. He reports no pain at the fracture site; however, he describes an area of numbness and sensitivity at the anteromedial aspect of the leg from the mid-level to the ankle. He reports fatigue, pain, and limited range of motion of the knee and sensitivity of the leg. He reports pain in the right shoulder with activities requiring repetitive pushing, pulling, lifting, and sleeping on the right side. The physical examination reveals no atrophy, swelling, or deformity in the right shoulder. Range of motion is limited by pain with a positive impingement sign. The right leg reveals a healed incision 2 inches at the proximal aspect of the leg. There is slight swelling and joint line tenderness on the knee. The knee is stable. Neurovascular status is intact. Utilization review denied the request on 0530/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2X3 for the right shoulder and right leg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines.

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

Decision rationale: This patient presents with right shoulder and right leg pain. The provider is requesting 6 physical therapy visits for the right shoulder and right leg. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy initial evaluation report dated 04/14/2014 showed that the patient was unable to work and lift over the head with limited range of motion. The review of the reports shows no recent course of therapy, although the patient likely had therapy following fracture surgery a year ago. Given the patient's current functional challenges and symptoms, a short course as requested appear reasonable. Recommendation is medically necessary.