

Case Number:	CM14-0101528		
Date Assigned:	09/16/2014	Date of Injury:	10/16/2013
Decision Date:	10/22/2014	UR Denial Date:	06/02/2014
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 Pain 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 injured worker is a 71 year old male who was injured on October 16, 2013 due to a slip and fall event. The diagnoses listed as right shoulder malunion. The ultrasound report dated 6/13/14 indicates nicely healed humerus fracture, biceps and subcapularis and suraspinatus tendon tear. The most recent progress note dated 5/17/14, reveals complaints of right shoulder pain. Physical examination reveals range of motion is quite poor with flexion and abduction to only 60 degrees and 50 degrees respectively. No diagnostic imaging studies were available for review, no complete set of physical therapy notes describing plateauing or progress might be assessed. There are no objective indications of progressive, clinically significant improvement from prior therapy. Prior treatment includes medications and five session's completed physical therapy. A prior utilization review determination dated 6/2/14, resulted in denial of physical therapy right shoulder quantity twelve sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98/127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG allow 18 PT visits over 12 weeks for the medical treatment of Humerus fracture. CA MTUS - Physical Medicine; 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, there were five PT progress notes from 3/28/14 to 4/28/14, which were hard to read; no significant improvement in pain or function was noted. Furthermore, there is no mention of the patient utilizing an HEP. Nonetheless, the requested number of PT is unclear. In accordance with the guidelines and due to lack of documentation, the request is not medically necessary or appropriate.