

Case Number:	CM14-0103257		
Date Assigned:	07/30/2014	Date of Injury:	07/16/2013
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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 63 year old with an injury date on 7/16/13. The patient complains of improved right upper extremity pain per a 4/18/14 report. The patient shows improvement in supination and pronation, and symptoms on ulnar side of right wrist have resolved per 4/18/14. The patient has stiffness in wrist and soreness at the level of surgery, but no numbness/tingling of fingers per 4/18/14 report. Based on the 5/5/14 progress report provided by [REDACTED], the diagnoses are: right shoulder s/p rotator cuff surgery; right wrist s/p surgery 4/9/14. An exam on 5/2/14 showed much of the swelling is down. Incision has healed up beautifully. Neurovascular status intact in right hand. Excellent range of motion and improving grip in right hand. [REDACTED] is requesting physical therapy 2 times a week for 6 weeks, right shoulder. The utilization review determination being challenged is dated 6/19/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/23/14 to 6/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks, right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: This patient presents with right upper extremity pain and is s/p (status post) ulnar impaction and ulnar impingement, and nonunion of the ulnar shaft of right upper extremity from 4/9/14. The treater has asked for physical therapy 2 times a week for 6 weeks, right shoulder on 4/18/14. Review of the physical therapy reports shows the patient has completed 4 sessions on 5/9/14, 5/21/14, 6/6/14, 6/13/14. Regarding fracture of the ulna, MTUS postsurgical treatment guidelines allow 16 visits over 8 weeks within 4 months of surgery. In this case, the treater has asked for 12 sessions of physical therapy which appears reasonable and within MTUS guidelines for patient's continued postoperative treatment. Recommendation is that the request is medically necessary.