

<b>Case Number:</b>	CM14-0105228		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 & Rehabilitation 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 62 year old female who was injured on February 12, 2014 to her right wrist and right knee. The mechanism of injury is walking across a concrete floor, which had a crack causing an uneven surface; she tripped and fell forward with her right arm outstretched. The injured worker reports that she fractured her right forearm and strained her shoulder in the process. The diagnoses listed as pain in joint involving shoulder region (719.41), fracture of unspecified part of radius (alone) closed (813.81). The most recent progress note dated 6/17/14, reveals complaints of right shoulder pain, right wrist pain, and right knee pain; and reports having difficulty performing daily activities. Problems with gripping, grasping, and cutting food were documented. The injured worker reports that pain can radiate from the right hand up the arm as well and she also gets pain in the fingers. Physical examination reveals no significant trophic changes or edema, skin was symmetrically warm to touch in both upper extremities, appeared to be full range of motion at the neck, almost full range of motion at the right wrist, some restriction to movement at the right shoulder where she had difficulty abducting the right arm above 90 degrees, appeared to tolerate internal and external rotation fairly well at the right shoulder, localized tenderness on palpation along the radial aspect of the right wrist, sensation was intact to pinprick, reflexes were brisk and symmetric in the upper extremities, no focal motor deficits, Jamar grip strength in the dominant right hand was 36 and in the left hand 38. Prior treatment includes cast immobilization to right arm for two months and had approximately ten sessions of physical therapy. The injured worker reports continuing to have pain around the right wrist region as well as continued pain around the right shoulder. The injured worker received six physical therapy (PT) treatments with significant improvement to the right knee pain level was 1 out 10 on visual analog scale (VAS); she received six physical therapy treatments for the right shoulder and pain was 5 out of 10 after PT treatments primarily to the right upper

extremity. A prior utilization review determination dated 6/25/14, resulted in denial of physical therapy two times a week for four weeks.

### **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 4 weeks:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, 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. As per ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain; allowing for 9 PT visits over 8 weeks for the knee arthritis / pain / derangement of meniscus; for 10 PT visits over 8 weeks for shoulder impingement syndrome; 16 PT visits over 8 weeks for fracture of Radius/Ulna and 9 visits over 8 weeks for sprain / strain of wrist or forearm. In this case, there is no mention of specific location for the requested treatment. Additionally, there is little information as to the objective measurements such as range of motion (ROM), strength no record of previous PT progress notes with documentation of objective measurements. Furthermore, the records lack detailed pain level (i.e. VAS) and functional assessment to support any indication of more PT visits. Also, at this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, additional PT will exceed the number of recommended PT visits. Therefore, the request for 8 Physical therapy visits is not medically necessary according to the guidelines.