

Case Number:	CM14-0016748		
Date Assigned:	04/11/2014	Date of Injury:	04/12/2013
Decision Date:	08/06/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/10/2014

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 Occupational 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:

This is a 65 year-old male with a 4/12/13 date of injury to his right shoulder and leg after falling off a forklift. He is status post an ORIF for a tibia fracture with postoperative PT. The patient was seen on 12/23/13 with complaints of numbness and sensitivity at the anteromedial aspect of the leg with limited range of motion of the knee and increased pain with standing and walking, as well as right shoulder pain. Exam findings revealed limited range of motion of the right knee, ankle and shoulder, with impingement signs in the shoulder. Grip strength on the right was also decreased. The diagnosis is tibial fracture status post ORIF, partial rotator cuff tear. The patient is noted to have been undergoing physical therapy of the right leg and shoulder in July of 2013 and from October to November 2013 and be independent in an HEP as of November 2103. Treatment to date: ORIF right tibia, PT (unknown number of sessions), medications, HEP. An adverse determination was received on 1/20/14 for unknown reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X3 - RIGHT SHOULDER AND RIGHT LEG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines Page(s): 555-556.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of

Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. This patient has a 2013 date of injury with a resulting ORIF of the right tibia and multiple sessions of physical therapy for the right leg and right shoulder. It is unclear how many sessions the patient has had to date. In addition, on November of 2013 the patient was noted to be independent in a HEP. Hence, the rationale for more physical therapy is unclear. It is unclear why the patient requires more PT if he is already independent in an HEP. Therefore, the request for Physical Therapy 2x3 of the Right Shoulder and Right Leg is not medically necessary.