

Case Number:	CM14-0119748		
Date Assigned:	09/24/2014	Date of Injury:	07/19/2013
Decision Date:	11/18/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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:

This 56 year old patient had a date of injury on 7/19/2013. The mechanism of injury was arm was caught on a machine, causing crushing injury to the hand and forearm. In a progress noted dated 4/17/2014, the patient complains of stiffness in right shoulder and elbow. Her original pain has resolved. She is taking occasional Norco for residual pain. On a physical exam dated 4/17/2014, the right shoulder shows no tenderness to palpation, no swelling or deformity, and skin color and temperature is normal. The diagnostic impression shows crush injury right arm and forearm, right humerus fracture. Treatment to date: medication therapy, behavioral modification, physical therapy, surgery for right humerus on 11/27/2013. A UR decision dated 7/1/2014 denied the request for unknown continue post-op outpatient physical therapy to the right shoulder(frequency and duration not provided), stating that there is no indication as to whether or not physical therapy has been beneficial, or an indication of the number of physical therapy visits completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Continue Post-op Outpatient physical therapy to the right shoulder, frequency and duration not provided: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 24 visits over 14 weeks for postsurgical treatment of fracture of humerus. However, in the reports viewed, there was no clear documentation provided regarding the benefits from previous physical therapy sessions. Furthermore, the number of previous physical therapy visits could not be determined, from the reports viewed. Therefore, the request for unknown continuous post op outpatient physical therapy to the right shoulder (frequency and duration not specified) is not medically necessary.