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| Case Number: | CM14-0175542 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 02/23/2014 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 10/01/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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 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 50 year old male. His date of injury was 02/23/2014. The mechanism of injury was a fall. His diagnoses included history of a closed shoulder dislocation, rotator cuff injury, neuropathy, and brachial plexus injury. His treatments have included physical therapy and acupuncture. His diagnostic studies have included an MRI of right arm and shoulder, a nerve conduction study, and electromyography. His surgical history was not included in the medical records. During his 09/21/2014 exam he had complaints of pain to his right arm. On 09/21/2014 it was noted on his physical examination that his right arm had diffuse atrophy, hyperextension of thumb and index fingers with decreased flexion, decreased sensation, and poor grip strength. His medications included gabapentin. The treatment plan included a recommendation for additional physical therapy visits. The rationale was not included in the medical records. The Request for Authorization form was signed and dated 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 per week for 8 weeks for the right biceps: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG Shoulder (updated 08/27/14) Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for Physical therapy 2 per week for 8 weeks for the right biceps is not medical necessary. The injured worker has a history of a closed shoulder dislocation, rotator cuff injury, neuropathy, and brachial plexus injury. He has been experiencing neuropathic pain, numbness, tingling, decreased strength and muscle atrophy. The California MTUS Guidelines recommend physical therapy and allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), as well as active in a self-directed home exercise program. The guidelines may recommend physical therapy up to 8-10 visits over 4 weeks. The injured worker was participating in a home exercise program. However, the injured worker stated that in the past physical therapy exacerbated his pain. He had little progress with the physical therapy visits. The documentation indicates he did not get good benefit from the prior physical therapy and he has not had a significant decline in function. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior sessions of physical therapy in order to demonstrate the injured worker's need for further physical therapy. The injured worker has completed 14 sessions of physical therapy and the request for 16 additional sessions of physical therapy would further exceed the guideline recommendations. The documentation does not support the request for physical therapy. Therefore, the request is not medically necessary.