Case Number:	CM14-0033910		
Date Assigned:	06/20/2014	**Date of Injury:**	08/30/2013
Decision Date:	07/30/2014	**UR Denial Date:**	02/20/2014
Priority:	Standard	**Application Received:**	03/18/2014

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 37 year old with an injury date on 8/30/13. Patient complains of lower back pain with radiation into right lower extremity, left shoulder pain, and left wrist pain rated 2/10 per 1/16/14 report. The 2/13/14 report states that patient's left shoulder pain has been treated with injections that have not been beneficial in the past. Patient notes improvement in his overall pain, is only using Norco sparingly, and is doing at independent at-home physical therapy per 2/13/14. Based on the 2/13/14 progress report provided by [redacted] the diagnoses are: 1. Neck pain - C1 occipital condyle displacement. 2. Sciatica. 3. Fx sacrum/coccyx-closed - s/p ORIF S4-S1, sacral fracture. 4. Vertebral Fx NOS - closed - left L2-L3 transverse process fracture. 5. Fracture four ribs - close - left 1st, 4th, 11th, and 12th. 6. Fx scapula nec -closed – left. 7. Fx distal radius nec - cl - s/p ORIF left comunated, displaced, intra-articular distal radius fracture. Exam on 1/16/14 showed patient is able to ambulate without assistance, and is able to abduct left shoulder to 90 degrees. [redacted] is requesting 12 physical therapy left shoulder. The utilization review determination being challenged is dated 2/20/14. [redacted] is the requesting provider, and he provided treatment reports from 11/12/13 to 3/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with lower back pain radiating into right upper extremity, and left shoulder pain and is s/p ORIF of distal radius from 8/30/13. The treating physician has asked for 12 physical therapy, left shoulder, on 2/13/14. Patient has continued left shoulder pain despite conservative treatment including medication, injections, at at-home physical therapy per 2/13/14 report. The treating physician would like to transition into outpatient physical therapy for better access to PT equipment, and once lumbar and left shoulder symptoms stabilize, into a functional restoration program, per 2/3/14 report. Patient had 43 physical therapy sessions from 10/9/13 to 2/5/14. For fractures of the radius, MTUS postsurgical treatment guidelines allow 16 visits over 8 weeks within 4 months of surgery. In this case, patient had 43 sessions of physical therapy, has transitioned to a home exercise program, and has shown recent improvement in condition. The requested 12 additional sessions of physical therapy are not considered medically necessary in this case. Recommendation is for denial. The request is not medically necessary and appropriate.