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| Case Number: | CM14-0042781 | | |
| Date Assigned: | 05/02/2014 | Date of Injury: | 09/25/2013 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 02/21/2014 |
| Priority: | Standard | Application Received: | 03/14/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 54-year-old male who reported an injury on 09/25/2013 secondary to a motor vehicle accident. His diagnoses included left elbow abrasion with full thickness and skin loss as well as right shoulder sprain/strain. Previous treatments for this injury were noted include medications and a surgical excision with skin grafting of the left forearm on 09/28/2013. Diagnostic studies for this injury were noted to include x-rays and an EMG/NCV. The injured worker was evaluated on 01/15/2014 and reported pain in the right shoulder and left elbow as well as the left hand with severe numbness, burning, and tingling radiating up his forearm. On physical examination, the injured worker was noted to have limited range of motion of the right shoulder and left wrist. The injured worker was also noted to have an inability to flex the 4th and 5th fingers in making a fist. His medications on this date were not provided. The injured worker was recommended to undergo an MRI and x-ray of the right shoulder to rule out a rotator cuff tear. He was also recommended for a consultation with a hand specialist and a neurologist. Additionally, the injured worker was recommended to undergo a course of chiropractic therapy twice a week for 4 weeks to reduce pain and improve strength and range of motion. A request was submitted for 8 visits of physical therapy for the left hand and right shoulder. The medical records submitted for review failed to provide a rationale for the request for physical therapy or a Request for Authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) visits of Physical Therapy for the Left Hand and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The California MTUS Guidelines may recommend physical therapy for restoring flexibility, strength, function, and range of motion. At the most recent clinical visit, the injured worker was noted to have restricted range of motion in the right shoulder and left wrist/hand. The medical records submitted for review indicated the injured worker has not been treated previously with physical therapy. Therefore, an initial trial of physical therapy may be warranted to address functional deficits. A trial of 6 visits is preferred to allow for timely reassessment of treatment efficacy. Therefore, the request for 8 visits is excessive and does not allow for a timely reassessment. Additionally, the most recent clinical note recommended the injured worker to undergo chiropractic therapy. The medical records failed to provide a rationale for the request for physical therapy. For the aforementioned reasons, the medical necessity of physical therapy for the left hand and right shoulder has not been established at this time. As such, the request for eight visits of physical therapy for the left hand and right shoulder is not medically necessary.