

Case Number:	CM14-0072290		
Date Assigned:	07/16/2014	Date of Injury:	10/02/2009
Decision Date:	09/18/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The injured worker is a 41-year-old female who reported an injury on 04/19/2012 due to a fall. The injured worker reportedly sustained an injury to her left arm, left shoulder, left elbow and left wrist. The injured worker's treatment history included physical therapy and activity modifications. The injured worker was evaluated on 07/16/2014. It was noted that the injured worker had persistent shoulder pain complaints. Evaluation of the left shoulder documented a positive impingement sign with tenderness to palpation of the acromioclavicular joint. It was documented that the injured worker had tenderness to palpation of the left elbow and left wrist. The injured worker's diagnoses included cervical spine sprain/strain, left shoulder impingement, left elbow sprain with cubital tunnel syndrome and left wrist strain with carpal tunnel syndrome. The injured worker's treatment plan included additional physical therapy and a refill of medications. The injured worker's medications included Fexmid 7.5 mg and tramadol 50 mg. It was noted within the documentation that the injured worker had a 3/10 pain without medications increased to a 4/10 pain with medications. The request for a refill of medications was submitted; however, no justification for the request was provided. A request for authorization form was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Physical Therapy 2x/ week for 6-12 weeks: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. The guidelines 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. MTUS postsurgical treatment for knee arthroplasty of the knee recommends 24 visits over 10 weeks. In the report dated 05/05/14 the request for right total knee replacement was denied. Therefore, the request for postoperative physical therapy 2x/week for 6-12 weeks is not medically necessary.