

Case Number:	CM14-0083219		
Date Assigned:	07/21/2014	Date of Injury:	06/15/2013
Decision Date:	10/01/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/04/2014

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 Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 06/15/13 when, while working at a Wall-Mart she slipped and fell on a hanger. She sustained injuries to the left upper extremity with a non-displaced radial head fracture. She continues to be treated with diagnoses of left shoulder adhesive capsulitis and a left elbow sprain/strain. She was seen by the requesting provider on 02/18/14. There had been minimal improvement. She had been placed out of work for two weeks and was scheduled to return to modified duty the next day. There was pending physical therapy. She was having ongoing left elbow pain with decreased shoulder range of motion. Physical examination findings included left shoulder tenderness with decreased and guarded range of motion. There was pain with range of motion of the left elbow with tenderness of the elbow and wrist. Recommendations included home exercise and beginning physical therapy. She was released to modified duty. On 04/08/14 she had completed two physical therapy sessions. She was continuing to work at modified duty. Physical examination findings appear unchanged. She was to perform home exercises and rest. Authorization for a left shoulder MRI and second orthopedic opinion were requested. On 05/13/14 there had been no change. She was having ongoing left elbow and shoulder pain with decreased left shoulder range of motion. Physical examination findings appear unchanged. She was continued at modified duty. Physical therapy three times per week for three weeks was requested. She was returned to restricted duty with no use of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x3: Upheld

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

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

Decision rationale: The claimant is more than 1 year status post work-related injury and continues to be treated for injuries to the left shoulder and elbow. She has decreased shoulder range of motion and has already had physical therapy treatments including a home exercise program. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. The claimant has no other identified impairment that would preclude her from performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore the request is not medically necessary.