

Case Number:	CM14-0090388		
Date Assigned:	07/23/2014	Date of Injury:	01/18/2013
Decision Date:	11/17/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/13/2014

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 Alabama, New York, and Maryland. 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:

This is a 52 year old man with left hand pain and left shoulder pain after an injury on 1/18/13 when a piece of pipe slipped. He had fractures of few of his metacarpal bones and underwent open reduction internal fixation of his 3rd and 5th metacarpal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on the CA MTUS Chronic Pain Medical Treatment Guidelines, further shoulder physical therapy would be supported if patient is having periodic physical exam and assessment regarding the status of his therapy. With this in mind, further evidence regarding the assessment and need for further therapy should be documented by both the therapist and the physician to support the need for a supervised physical therapy. Therefore this request will not be medically necessary at this point.