

Case Number:	CM14-0092500		
Date Assigned:	07/25/2014	Date of Injury:	12/23/2013
Decision Date:	08/28/2014	UR Denial Date:	06/15/2014
Priority:	Standard	Application Received:	06/18/2014

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 and is licensed to practice in Pain Management. 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 female patient with the date of injury of December 23, 2013. A Utilization Review was performed on June 15, 2014 and recommended non-certification of additional PT 2 x 4 elbow, wrist & shoulder. An Interim Report dated June 3, 2014 identifies more severe left shoulder pain. The left elbow has been improving. The left wrist has residual pain and stiffness, but improving motion. Objective Findings identify tenderness in the cervical paravertebral muscles and the left upper trapezius. Decreased cervical spine range of motion. Positive Impingement Sign and Hawkins test on the left. Decreased left shoulder range of motion. Decreased left elbow range of motion. Decreased left wrist range of motion. Diagnoses identify fracture left elbow, by history, rule out internal derangement/labral tear left shoulder, left shoulder impingement syndrome, and cervical spine myoligamentous sprain/strain. Discussion/Treatment Plan identifies provided medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times 4 for the elbow, wrist, and shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Forearm Wrist & Hand Chapter; Shoulder Chapter: Physical Therapy.

Decision rationale: Regarding the request for Additional PT 2 times 4 for the elbow, wrist, and shoulder, Occupational Medicine Practice Guidelines state a physical therapist can serve to educate the patient about an effective exercise program. ODG additionally recommends an initial trial of physical therapy; and then with documentation of objective functional improvement, ongoing objective treatment goals, as well as a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits, additional therapy may be indicated. ODG recommends up to 10 visits. Within the medical information made available for review, there is no documentation of objective functional improvement with previous therapy. There is no documentation of a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits. As such, the current request for Additional Physical Therapy 2 times 4 for the elbow, wrist, and shoulder is not medically necessary.