

Case Number:	CM14-0158193		
Date Assigned:	10/01/2014	Date of Injury:	02/19/2014
Decision Date:	01/26/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Practice and is licensed to practice in Ohio. 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 61-year-old male with a date of injury of February 19, 2014. He tripped over rebar onto an extended left upper extremity. He complains of left shoulder, left elbow and left wrist pain. Physical exam revealed full range of motion of the shoulder wrist and elbow on the left side. He had tenderness to palpation of the left trapezius, acromioclavicular joint and anterior and posterior deltoid muscle. His strength was graded 5/5. An MRI scan of the left wrist revealed dorsal segment instability, subchondral cyst/erosion, and focal avascular necrosis of the lunate bone. A left elbow MRI revealed a partial tear of the common extensor tendon at the lateral epicondyle. The MRI scan of the left shoulder was ordered but results are not available. Physical therapy was ordered initially and as of June 23, 2014 the injured worker had completed 3 sessions. The diagnoses include pain of the left upper joint, avascular necrosis of left wrist, torn left elbow tendon, and left shoulder pain. Injured worker has not been able to return to work because of the restrictions placed. At issue is a request for 24 physical therapy sessions for the left upper extremity. This request was previously noncertified as the results of previous physical therapy and the total number of physical therapy treatments received to date was not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 physical therapy sessions for the left upper extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Elbow, and Wrist, Physical and Occupational Therapy

Decision rationale: The Official Disability Guidelines allow for 10 physical therapy visits over 8 weeks for a sprained shoulder and 20 physical therapy visits for 10 weeks for a partially torn rotator cuff tendon. 12 visits over 8 weeks are allowed for radial tenosynovitis of the wrist. 8 physical therapy visits over 5 weeks are allowed for lateral epicondylitis. The guidelines do not recommend as many as 24 physical therapy visits for the shoulder, elbow, or wrist from a medical perspective but may possibly from a postsurgical perspective. Because the injured worker had evidently not had surgery on any of these locations, 24 physical therapy sessions for the left upper extremity was not medically necessary.