

Case Number:	CM14-0184160		
Date Assigned:	11/12/2014	Date of Injury:	02/03/2014
Decision Date:	01/08/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/05/2014

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 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:

This 46-year old woman injured her right shoulder when she tripped and fell on 2/3/14. The medical documentation available for review in this case is very limited, and consists of a single progress note by the primary provider, a single Physical Therapy report which does not document response to previous Physical Therapy, and 5/7/14 reports of an MRI and MR arthrogram of the right shoulder. The MRI/arthrogram reports document a subacute non-displaced greater tuberosity fracture of the humerus with minimal residual marrow edema, as well as moderate to high-grade tears of the infra and supraspinatus tendons, with some retraction of the torn fibers of the supraspinatus. There is also fraying of the anterior glenoid labrum, mild subacromial/subdeltoid bursitis, and minimal tenosynovitis of the bicipital tendon. The primary provider's progress note of 10/20/14 states that the patient is being seen after a 6 month absence which is not explained. The patient has noted symptom Physical Therapy improvement with Physical Therapy, but still has pain, particularly at night. Physical findings are documented as significantly improved range of motion and slightly positive cuff testing. The plan included an additional 12 Physical Therapy visits and continuation of Vicodin. The patient's work status included only one limitation: No heavy lifting right upper extremity. There are three requests for authorization for 12 Physical Therapy visits in the records, dated 5/17/14, 6/3/14 and 10/13/14. 12 visits of Physical Therapy were non-certified in UR on 10/27/04, on the basis that MTUS recommends up to 10 Physical Therapy visits for myofascial, neuropathic and radicular pain, that the patient had not demonstrated significant improvement with the 12 visits of Physical Therapy she had already received, and that there was no documentation of factors that would preclude her from participating in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for 12 sessions for the right shoulder two times a weeks for six weeks:

Overtured

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, Physical Therapy Guidelines, fracture of humerus

Decision rationale: The MTUS guideline above recommends up to 24 Physical Therapy visits after surgery for a fracture of the humerus. The ODG guideline recommends 24 post-surgical Physical Therapy visits for humerus fracture and 18 visits if there has been no surgery. The clinical documentation in this case does not really support the performance of an additional 12 Physical Therapy visits for this patient, and it is quite understandable that they were denied in UR. However, there are factors which make it appear likely that additional the Physical Therapy is warranted. This patient had a significant shoulder injury with a comminuted humeral fracture and moderate to high-grade rotator cuff tearing. This is not a simple myofascial injury. She does not appear to have had any surgery, and has remained at work with reasonable restrictions. She appears to have responded well to previous therapy, with noticeably increased range of motion and strength. There has been an unexplained 6-month hiatus in her medical care, and it is not clear if she has performed any home exercise in that period, or whether she still remembers how to perform it. Her primary care provider has not taken the time to clearly document what her precise response to past Physical Therapy has been in terms of increased function, past and previous range of motion, and past and previous strength testing. He also has not documented whether or not she is engaging in home exercise, and how well it is working. In this case I feel the patient should be given the benefit of the doubt, and not penalized for her provider's poor documentation. Although an additional 6 visits appear to be clearly warranted, 12 visits are not unreasonable given the extent of her injury and the gap in her care. Therefore, this request is medically necessary.