

Case Number:	CM14-0082213		
Date Assigned:	07/21/2014	Date of Injury:	12/24/2013
Decision Date:	04/23/2015	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder and arm pain reportedly associated with an industrial injury of December 24, 2013. In a utilization review report dated May 7, 2014, the claims administrator failed to approve/partially approve a request for six sessions of physical therapy. The claims administrator referenced an April 21, 2015 progress note in its determination. The claims administrator stated that the applicant had undergone an ORIF for the left humerus fracture on December 26, 2013. The claims administrator stated that the applicant had completed 12 sessions of physical therapy through this point in time. The claims administrator apparently approved some of the treatments proposed while only partially approving some modalities. The applicant's attorney subsequently appealed. In a handwritten progress note dated April 27, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of shoulder pain. Limited abduction to 130 degrees was appreciated. The applicant was placed off of work, on total temporary disability. In a subsequent note dated June 3, 2014, the applicant was, once again, placed off of work, on total temporary disability. The applicant's range of motion remained limited. The applicant was, once again, kept off of work. The applicant's abduction had improved to 140 degrees, it was suggested on that occasion. On June 3, 2014, one of the applicant's treating providers noted that the applicant had developed arthrofibrosis of the left shoulder superimposed on an initial diagnosis of humeral fracture of the same. Dupuytren's contracture about the left hand was also appreciated. On October 2, 2014, it was stated that the applicant was a former machine operator. The applicant's work status was not clearly detailed. The applicant had developed a variety of

superimposed issues, including a radial nerve palsy, it was further stated. CT arthrography of the shoulder was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (6-sessions, 2 times a week for 3 weeks for the left humerus): Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The applicant is still within the six-month postsurgical physical medicine treatment period established in MTUS following earlier shoulder surgery on December 26, 2013. The MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of treatment following surgery for a humeral fracture, as transpired here. The applicant had only completed 12 sessions of treatment as of the date of the request, the claims administrator further suggested. MTUS further notes that the medical necessity for postsurgical physical medicine treatment for any given applicant is continued on a number of applicant-specific factors such as comorbidities, prior pathology and/or surgery involving the same body part, nature, number and complexity of surgical procedures undertaken, presence of surgical complications, essential work functions, etc. Here, the applicant does have more physically arduous job demands as a machine operator, the attending provider suggested. The applicant has developed a variety of superimposed issues, including postoperative arthrofibrosis, a Dupuytren's contracture, radial nerve palsy, etc. Additional treatment on the order of that proposed, thus, is indicated here. Therefore, the request is medically necessary.