MAXIMUS Federal Services

Case Number:	CM15-0008886		
Date Assigned:	01/26/2015	Date of Injury:	11/09/2012
Decision Date:	03/25/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/15/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old male who reported an injury on 11/09/2012. The mechanism of injury was the injured worker was dragged by a hose being pulled by a vehicle as his left ankle got caught and he was dragged for approximately 25 feet. The injured worker underwent an arthroscopic surgery of the left knee in 04/2013. The injured worker underwent surgical intervention for the left wrist. There was a Request for Authorization submitted for review dated 12/11/2014. The documentation of 12/08/2014 revealed the injured worker was status post ORIF left distal radius, and stiff left shoulder, status post open Bankart repair. The injured worker was noted to be 2 months status post exploration of the partial laceration of the ulnar nerve of the distal left forearm. The injured worker finished therapy for his shoulder and was going to occupational therapy. The subjective complaints revealed the injured worker had 3/5 strength in the left shoulder. The injured worker had left shoulder pain, 3/5, dull with extremes of motion and constant wrist pain, 2/5, dull. The injured worker had numbness and tingling that had improved in the left ring finger and continued to have it in the little finger with improved strength. The physical examination revealed no tenderness over the area of the distal radius or ulnar head. The injured worker had greater than 20 mm of 2 point discrimination the 4th and 5th fingers. The injured worker had excellent intrinsic strength of the right hand. The injured worker had minimal weakness compared to the right. Examination of the left shoulder revealed slight stiffness with a well healed surgical wound anteriorly. The injured worker had pain at the extremes of motion. The treatment plan included occupational therapy 3 times per week times 4

weeks for anti-inflammatory modalities and range of motion exercises, progressing to stretching and strengthening, progressing to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy for the left upper extremity, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California Postsurgical Treatment Guidelines indicate that post a Bankart surgical procedure, there would be an appropriateness for 24 visits of postoperative therapy. The clinical documentation submitted for review indicated the injured worker had undergone and completed therapy. There was a lack of documentation indicating the quantity of sessions that had been attended to support the necessity for more sessions. There was a lack of documentation of exceptional functional deficits. Given the above, the request for postoperative physical therapy for the left upper extremity 3 times per week times 4 weeks is not medically necessary.