

Case Number:	CM15-0108268		
Date Assigned:	06/12/2015	Date of Injury:	03/07/2014
Decision Date:	08/31/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 28 year old male, who sustained an industrial injury on 3/07/2014. Diagnoses include left shoulder arthroscopic surgery and left forearm radius and ulna fracture open reduction internal fixation (ORIF) on 3/7/14. Treatment to date has included surgical intervention of the left shoulder and arm on 3/07/2014, as well as conservative measures including diagnostics, medication management, and physical therapy and work restrictions. Per the Primary Treating Physician's Progress Report dated 4/27/2015 the injured worker reported chronic left arm pain rated as 6/10 in severity on a subjective scale. He has also been having some intermittent muscle spasms. He has finished most of his physical therapy and feels he has better range of motion. Physical examination of the left wrist revealed tenderness to palpation over the ulnar side of his left forearm into the left wrist. Range of the motion of the wrist was decreased by 10% with flexion and extension and also ulnar deviation. The plan of care included additional physical therapy and authorization was requested for physical therapy (1 x 3) for the left forearm/hand and low back. The patient had completed 12 PT visits for low back and left arm. The patient sustained the injury while backing up of a golf cart. The medication list includes Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 x week x 6 weeks Left Forearm/Hand & Low Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy page 98.

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The patient had completed 12 PT visits for low back and left arm. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical Therapy 1 x week x 6 weeks Left Forearm/Hand & Low Back is not medically necessary for this patient.