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| Case Number: | CM15-0134814 | | |
| Date Assigned: | 07/23/2015 | Date of Injury: | 06/23/2014 |
| Decision Date: | 08/19/2015 | UR Denial Date: | 06/25/2015 |
| Priority: | Standard | Application Received: | 07/13/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old male sustained an industrial injury to multiple body parts after falling 20 feet from a man lift on 6/23/14. The injured worker was diagnosed with a left humerus fracture. The injured worker underwent open reduction internal fixation on 6/23/14. The injured worker underwent removal on 11/28/14. The injured worker received postoperative physical therapy and medications. In a physical therapy progress note dated 6/16/15, the injured worker had completed 22 postoperative physical therapy sessions. The injured worker reported having no left elbow pain. The injured worker reported that he was now had no pain to the left elbow while sleeping at night and was able to carry a light grocery bag but still could not carry a child. In a reevaluation dated 6/17/15, the injured worker complained of lumbar back and buttock pain that traveled to the left groin and down the leg to the knee. The injured worker rated his pain 7/10 on the visual analog scale. The injured worker had been doing physical therapy twice a week and stated that it was helping. Physical exam was remarkable for left arm with a well healed incision, decreased elbow flexion and full forearm pronation and supination and left hip with tenderness to palpation along the greater trochanter with decreased and painful range of motion. Current diagnoses included lumbago, closed fracture of the sacrum, hip arthralgia, hip bursitis, closed pubis fracture, closed fracture of the humerus and hip contusion. The treatment plan included requesting authorization for continuation of physical therapy to the left elbow, eight sessions twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 4Wks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back; Elbow, Physical Therapy (PT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in June 2014 when he fell sustaining a left humerus fracture treated with ORIF and closed symphysis pubis fracture. When seen, he had completed 22 physical therapy treatments for the left upper extremity. He was having low back and left hip pain radiating to the groin and knee. Pain was rated at 7/10. There was left hip tenderness with decreased om. There was decreased left elbow range of motion. The claimant's injury was nearly one year ago and the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.