

<b>Case Number:</b>	CM15-0139963		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	01/10/2001
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 47 year old female who sustained an industrial injury on 01-10-2001 resulting in injury to the left clavicle. Treatment provided to date has included: arthroscopy of the shoulder (2012); pinning carpal trapezium (2012); arthroplasty carpal trapezium (2014); physical therapy for the hand; medications; and conservative therapies and care. Diagnostic tests performed include: x-rays of the left clavicle (2015) showing excellent radiographic progress. Other noted dates of injury documented in the medical record include: 2012. There were no comorbidities noted. On 06-22-2015, physician progress report noted complaints of left clavicle pain which was reported to be improving with slow progress. The pain was rated 2 out of 10 in severity, and was described as aching. Additional complaints included pain in the shoulder and weakness. Current medications include Norco, Voltaren gel, Omeprazole, Wellbutrin XL, and Restoril. The physical exam revealed tenderness to the left acromion, positive Hawkin's and Neer's test on the left, and pain with range of motion in the left shoulder. The provider noted diagnoses of clavicle fracture and pain in limb. Plan of care includes physical therapy followed by a trial return to work, and follow-up in 6 weeks. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: 8 sessions of physical therapy for the left clavicle (2 times per week for 4 weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week times four weeks for the left clavicle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter; Physical therapy.

**Decision rationale:** Per the MTUS guidelines, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Active physical therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active physical therapy may require supervision from a therapist or medical provider such as verbal, visual or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement. Per the ODG, physical therapy guidelines allow for fading of treatment frequency from 3 visits per week to 1 visit per week, with a maximum number of allowed visits of 8 visits over 10 weeks for clavicle fractures. The injured worker has a history of clavicle fracture 14 years earlier, and a previous open reduction internal fixation surgery to the left clavicle in 2014 due to non-union. Although it was confirmed that the injured worker had undergone physical therapy for the hand, it was not clear if the injured worker had received post-operative physical therapy for the clavicle or shoulder. Although the guidelines recommend a total of 8 sessions of physical therapy for clavicle fractures over 10 weeks, this recommendation is in the acute or subacute phase of injury, and there is no post-surgical recommendations. Without evidence of previous physical therapy or lack thereof, the requested 8 additional sessions of physical therapy are not medically necessary.