MAXIMUS Federal Services

Case Number:	CM15-0146480		
Date Assigned:	08/07/2015	Date of Injury:	01/27/2015
Decision Date:	09/08/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/28/2015

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, 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:

The injured worker is a 24 year old female who sustained an industrial injury on 01-27-2015. Mechanism of injury occurred when she was hit by another car and fractured her femur in the right leg. She underwent an open reduction and internal fixation on 01-27-2015. Diagnoses include status post right femur fracture-ORIF, right shoulder sprain, impingement syndrome, possible grade 1 acromioclavicular joint separation, thoracic pain, medial scapular pain, scapular dyskinesia and right elbow sprain. Treatment to date has included diagnostic studies, medications, surgery, physical therapy, and use of crutches. A physician progress note dated 07-01-2015 documents the injured worker notes her leg is feeling much better, but she has continued pain the anterior aspect of the knee. She has been doing physical therapy but it has not been focused on the leg, just the upper body. She complains of right shoulder pain in the posterior aspect of the shoulder. She has full range of motion of her hip and knee without pain. There is some discomfort to palpation at the superior medial aspect of the patellar tendon. X-rays of the right shoulder and elbow showed no signs of fracture, dislocations and no degenerative changes. Physical therapy has been helping the shoulder. Treatment requested is for additional physical therapy, 2 times 6, right shoulder, and a Spinal Q brace, right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q brace, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 174-5, 181, 213.

Decision rationale: Regarding the request for Spinal Q brace, CA MTUS and ACOEM do not support the use of bracing for more than 1-2 days, noting that weakness may result from prolonged use and will contribute to debilitation. Within the documentation available for review, there is no clear rationale for the use of this device despite the recommendations of the CA MTUS. In light of the above issues, the currently requested Spinal Q brace is not medically necessary.

Additional physical therapy, 2 times 6, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Shoulder and Neck Chapters, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.