

Case Number:	CM15-0189176		
Date Assigned:	10/01/2015	Date of Injury:	02/26/2015
Decision Date:	11/17/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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 is a 24 year old male with a date of injury of February 26, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for right elbow sprain and strain, right shoulder sprain and strain, anxiety, and stress. Medical records dated June 30, 2015 indicate that the injured worker complained of headaches, right shoulder pain rated at a level of 5 to 6 out of 10, and right elbow and forearm pain rated at a level of 6 to 10 out of 10. Per the treating physician (July 22, 2015), the employee has not returned to work. The physical exam dated June 30, 2015 reveals tenderness over the right pectoralis, triceps, biceps, and deltoid, positive apprehension on the right, full range of motion of the right shoulder with pain, and tenderness over the right extensor muscle, flexor muscle, and cubital fossa. The progress note dated July 31, 2015 documented a physical examination that showed tenderness of the right acromioclavicular joint, right upper trapezius, decreased range of motion of the right shoulder, and decreased range of motion of the right elbow. Treatment has included medications (Ibuprofen and Cyclobenzaprine prescribed on June 30, 2015). The original utilization review (August 25, 2015) non-certified a request for twelve sessions of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right shoulder, 3 times weekly for 4 weeks, 12 sessions, as outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in February 2015 when, while fixing a machine, the machine was activated and crushed his right hand with partial amputations of the distal phalanges of the right third and fourth fingers. He subsequently developed shoulder, elbow, and forearm pain. He continues to be treated for right upper extremity pain and secondary depression, anxiety, and insomnia. He was seen for an initial evaluation by the requesting provider on 06/30/15. After undergoing surgery on the date of injury, he received about four sessions of physical therapy in early March 2015 and a subsequent 15 sessions were provided. When seen he was having headaches, intermittent chest pain, and intermittent pain throughout the right upper extremity. Pain was rated at 5-6/10. Physical examination findings included decreased right grip strength. There was reproducible anterior chest wall tenderness. There was tenderness throughout the upper extremity. There was positive right shoulder apprehension testing. There was pain with elbow, wrist, and hand range of motion. There was limited third and fourth finger range of motion. There was hyperesthesia around the amputation sites. Ibuprofen, cyclobenzaprine, and topical compounded cream were prescribed. Authorization was requested for physical therapy three times per week for four weeks. In terms of physical therapy for a sprained shoulder, guidelines recommend up to 10 treatment sessions over 8 weeks and the claimant has already had physical therapy for this condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. There is no new injury and no specific therapeutic content is being requested. The request is not medically necessary.