

Case Number:	CM15-0192254		
Date Assigned:	10/06/2015	Date of Injury:	06/30/2015
Decision Date:	11/17/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/30/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 40-year-old male who sustained an industrial injury on 6/30/15. Injury occurred when he fell approximately 30 feet off a scaffold. He sustained a mildly displaced fracture of the right clavicle and a non-displaced fracture of the L3 transverse process. He underwent open reduction and internal fixation of the right clavicle on 6/30/15. The 7/16/15 treating physician report indicated that the injured worker was seen for his right clavicle fracture and had been in a sling most of the time. The wound was healing nicely and his staples were removed. He had some generalized soreness in the arm, forearm and fingers, and some right trapezius tenderness. X-rays demonstrated maintenance of the reduction and internal fixation right clavicle. He was going to see the orthopedist relative to his lumbar spine injury. The treatment plan recommended initiation of physical therapy for active range of motion. He was capable of desk work only. The 9/4/15 treating physician report cited continued low back pain radiating into the lower extremity with numbness, tingling and weakness. He reported that he felt good while wearing his back brace, but had a lot of pain in his back and radiating down his legs when he took the brace off. He had difficulty with position changes, getting up out of a chair, and elevating onto his toes or heels. He had some decreased lower extremity sensation in the L3/4, L4/5, and L5/S1 dermatomes. He had 4/5 bilateral lower extremity motor strength and 2+ bilateral patellar reflexes. He was to continue follow-up with the orthopedist and weakness his brace. A lumbar spine MRI was ordered and he was to wear his back brace. Authorization was requested for physical therapy for the right shoulder and low back 2 times a week for 4 weeks, quantity 8 sessions. The 8/31/15 utilization review non-certified the request for 8 additional

sessions of physical therapy as there was no recent shoulder or back exam available from the treating provider to support treatment over a home exercise program. The 9/15/15 lumbar spine MRI impression documented a 7 mm left paracentral disc protrusion at L4/5 impinging on the transversing left L5 nerve root and resulting in mild central stenosis. There was possible L5 spondylosis. The 9/23/15 treating physician report indicated that the injured worker was 3 months status post right clavicle open reduction and internal fixation. He was capable of limited duty desk work but was not working. He had not started physical therapy for his clavicle yet. Physical exam documented some trapezius soreness and approximately 115 degrees of active elevation. X-rays demonstrated further healing of the right clavicle fracture with no change in the internal fixation. Physical therapy was recommended to work on active and passive range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder and low back 2 times a week for 4 weeks, quantity: 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Physical therapy; Low Back-Lumbar & Thoracic: Physical therapy (PT).

Decision rationale: The California Post-Surgical Treatment Guidelines do not provide recommendations for physical therapy following open reduction and internal fixation of the clavicle. The Official Disability Guidelines recommend 8 visits over 10 weeks for treatment of a fractured clavicle. The MTUS Chronic Pain Medical Treatment Guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. In general, the MTUS guidelines would support 9 to 10 visits for myalgia/myositis. The Official Disability Guidelines generally recommend 8-9 visits for lumbar pain and vertebral fracture. Guideline criteria have generally been met. This injured worker sustained a mildly displaced right clavicle fracture and underwent open reduction and internal fixation. Current exam documented loss of shoulder range of motion and functional limitation in work duties. He additionally sustained a transverse process fracture with persistent pain. Clinical exam findings are consistent with imaging evidence of nerve root compression. There is no clear documentation relative to prior physical therapy for the low back and the treating physician reported that no prior physical therapy for the clavicle had been provided. Given the functional limitations precluding return to full duty work, this request is medically necessary.