

Case Number:	CM15-0198852		
Date Assigned:	10/14/2015	Date of Injury:	06/30/2015
Decision Date:	12/01/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 40 year old female, who sustained an industrial injury, June 30, 2015. The injured worker was undergoing treatment for status post fall from height, postoperative open reduction and internal fixation right clavicle fracture and low back pain with bilateral lower extremity radiculopathy. According to a progress note of September 4, 2015, the injured worker's chief complaint was back pain, which radiates down both of the legs. The injured worker uses a back brace, which makes the injured worker feel good. The injured worker was no longer taking pain medication, but continued to take anti-inflammatory medications. This was not covering the pain. The physical exam noted the injured worker was having trouble with positional changes, getting up out of a chair. The injured worker was having difficulty elevating onto the toes or heels. There was decreased sensation in the lower extremities in the L3-L4, L4-L5 and L5-S1 dermatomes. The motor strength was 4 out of 5 bilaterally. The patellar tendon reflexes were 2 plus bilaterally. The injured worker previously received the following treatments: back brace, Norco 5-325mg and physical therapy for the right shoulder. The RFA (request for authorization) dated August 26, 2015; the following treatments were requested: physical therapy 2 times a week for 4 weeks for the right clavicle and lower back. The UR (utilization review board) denied certification on September 8, 2015 for physical therapy 2 times a week for 4 weeks for the right clavicle and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 weeks for the right clavicle and lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, online version updated 8/6/15, Physical therapy.

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 (Acute & Chronic), Physical therapy.

Decision rationale: The injured worker sustained a work related injury on June 30, 2015. The injured worker was undergoing treatment for status post fall from height, postoperative open reduction and internal fixation right clavicle fracture and low back pain with bilateral lower extremity radiculopathy. Treatments have included surgery and medications. The medical records provided for review do not indicate a medical necessity for Physical therapy 2x4 weeks for the right clavicle and lower back. Although physical therapy is an appropriate treatment for this injured worker who is status repair of clavicular fracture, and also suffering from Lumbar radiculopathy, the medical records of 08/26/15 indicates she was undergoing physical therapy treatment. Nevertheless, the medical records do not have any information on the number of visits she has had or the outcome of treatment. The MTUS post surgical physical medicine guidelines recommend Acromioclavicular joint dislocation as follows AC separation, type III+: 8 visits over 8 weeks; the Official Disability Guidelines recommend 8 visits over 10 weeks. The MTUS physical medicine guidelines recommend a fading treatment of 8-10 visits over 4-8 weeks for most musculoskeletal disorders. The request is not medically necessary.