

Case Number:	CM15-0204635		
Date Assigned:	10/21/2015	Date of Injury:	06/09/2015
Decision Date:	12/03/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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, Indiana, New York
 Certification(s)/Specialty: 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 34-year-old male, with a reported date of injury of 06-09-2015. The diagnoses include open wound of left hand without complication, closed fracture phalanx hand, left hand crush injury, and left middle finger laceration. The consultation report dated 09-21-2015 indicates that the injured worker complained of the inability to flex his left hand and fingers or to make a full fist. The physical examination showed no tenderness to palpation of the sternoclavicular and acromioclavicular joints; no tenderness of the supraclavicular triangle; negative shoulder grind test; no pain with passive or active range of motion; no weakness or tenderness of the deltoids, triceps, and biceps; normal range of motion of the left shoulder; negative military brace test; and negative costoclavicular provocation test. The treating physician noted that the injured worker had failed all conservative measures. The treatment plan included the initiation of physical therapy in order to improve range of motion in order to further re-evaluate the swan neck deformity. The injured worker's work status included return to work with no lifting more than 15 pounds. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Ibuprofen and Norco. The treating physician requested physical therapy three times a week for four weeks for the left shoulder. On 10-09-2015, Utilization Review (UR) non-certified the request for physical therapy three times a week for four weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

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 section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the left shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's relevant working diagnosis is left shoulder sprain. Date of injury is June 9, 2015. According to a certification dated July 27, 2015, 12 physical therapy sessions were authorized on July 27, 2015 to the left upper extremity. According to the utilization review, the injured worker completed 6 out of the 12 physical therapy sessions. According to an October 5, 2015 progress note, the treating provider is requesting an additional 12 sessions of physical therapy. As noted above, the documentation indicates 6 out of the previously approved 12 physical therapy sessions were completed. Subjectively, the injured worker has pain in the left shoulder. Objectively, there is limited range of motion. There were no other physical findings documented in the record regarding the shoulder. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (left shoulder sprain) is clinically indicated. There are no physical therapy progress notes demonstrating objective functional improvement to support additional physical therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no physical therapy progress notes demonstrating objective functional improvement, documentation indicating 6 out of 12 previously authorized physical therapy sessions are still pending and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy three times per week times four weeks to the left shoulder is not medically necessary.