

Case Number:	CM15-0049737		
Date Assigned:	03/23/2015	Date of Injury:	11/19/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 38 year old male, who sustained a severe industrial injury on 11/19/14 when he was run over by a bulldozer. He reported left scapula fracture. The injured worker was diagnosed as having of thoracic spine fractures including C7-T7 without spinal cord injury and left scapula fracture, multiple left rib fractures, sternal fracture. Treatment to date has included closed management of right scapula fracture, physical therapy, neck brace, back brace, oral medications including opioids. Currently, the injured worker complains of right shoulder pain; left shoulder pain is improving. It is noted right fracture is a new finding. Physical exam noted minimal discomfort over the scapula with pain at the inferior border of the right scapula along the medial border. The treatment plan consisted of continuation of ice and elevation, advancement of range of motion and activity level, x-rays of bilateral scapula, continuation of therapy and pain management. There is a 1/15/15 PT discharge document stating that the patient can be discharged until he is to be without TLSO and neck orthosis and if he needs new PT he can get a new referral. There is a 2/24/15 document that states that the patient has weakness of the left scapula and decrease use of upper extremities. Will start PT without TLSO. The exam revealed left supraspinatus and infraspinatus atrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) to three (3) times a week for six (6) weeks, left shoulder (18 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface-Physical therapy guidelines.

Decision rationale: Physical therapy two (2) to three (3) times a week for six (6) weeks, left shoulder (18 sessions) is not medically necessary AS WRITTEN per the ODG and the MTUS Guidelines. The MTUS recommends transitioning supervised therapy to an independent home exercise routine. The ODG states that for fracture of scapula (ICD9 811): the recommended number of visits is 8 visits over 10 weeks. 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 a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The documentation indicates that the patient has had extensive injuries. Although it is not clear how much prior therapy the patient has the recent documentation indicates that the patient has left shoulder girdle atrophy of uncertain etiology. It would benefit the patient to have additional therapy for this left shoulder to prevent complications but 18 visits is excessive as the ODG recommends a 6 visit trial to see if the patient is moving in a positive direction. The request for 18 sessions of PT to the left shoulder is therefore not medically necessary as written.