

Case Number:	CM15-0081846		
Date Assigned:	05/04/2015	Date of Injury:	11/24/2014
Decision Date:	06/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/28/2015

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 46 year old male who sustained an industrial injury on 11/24/14. Initial complaints include left arm pain. Initial diagnoses include left wrist strain, fracture radial head left elbow, left shoulder contusion, partial thickness rotator cuff tear, closed fracture of left clavicle, impingement syndrome left shoulder, and left distal clavicle arthrosis. Treatments to date include a splint and physical therapy. Diagnostic studies include MRIs. Current complaints are not addressed. Current diagnoses include left wrist strain, left elbow radial head fracture, left elbow contusion, left shoulder contusion, and partial thickness tear of rotator cuff. In a progress note dated 03/06/05 the treating provider reports the plan of care as no use of left arm and a recheck in 3 weeks. The requested treatment is physical therapy to the left elbow, shoulder, and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical therapy 3 x 4 for the left elbow, shoulder and wrist (12 previous):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Outpatient Physical therapy 3 x 4 for the left elbow, shoulder and wrist (12 previous) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The request exceeds the MTUS recommendations of up to 10 visits for this patient's condition. Furthermore, the documentation indicate that the patient has had prior therapy however there is no evidence of objective functional improvement from prior therapy or no documentation of why the patient is unable to perform an independent home exercise program. The request for outpatient physical therapy is not medically necessary.