

Case Number:	CM15-0088085		
Date Assigned:	05/12/2015	Date of Injury:	12/23/2013
Decision Date:	06/12/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old male who sustained an industrial injury on December 23, 2013. Previous treatment includes neurosurgical evaluation, medications, EMG/NCV, and right arm surgery. Currently the injured worker complains of continued neck pain, headaches with blurred vision, right shoulder pain, right elbow pain, right hand/wrist pain with tingling, mid/lower back pain with associated numbness and tingling in the right lower extremity, left hip pain, right knee pain, left knee pain, right ankle/foot pain and left ankle/foot pain. Diagnoses associated with the request include status post lock femoral nailing of the right distal femoral fracture, status post scalene release, lumbar spine anterolisthesis, and left shoulder strain. The treatment plan includes physical therapy, spine consultation, continued pain management and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks bilateral shoulder and bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in December 2013 including a severe right brachial avulsion injury. When seen, he was having multiple areas of pain. He had radiating right upper and lower extremity pain with numbness and tingling and there was decreased right upper extremity strength. He had decreased shoulder range of motion with positive impingement testing. Authorization for an evaluation for possible right shoulder surgery was requested. Medications were refilled. The claimant is being treated for chronic pain. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.