

Case Number:	CM14-0172799		
Date Assigned:	10/23/2014	Date of Injury:	01/18/2013
Decision Date:	12/02/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male with date of injury of 01/18/2013. The listed diagnoses per [REDACTED] from 08/11/2014 are: 1. Significant crush injury to the left hand. 2. Left hand arthrofibrosis. 3. Status post extensor tenolysis of the left hand with hardware removal, doing well on 01/17/2014. 4. Left shoulder contusion and rotator cuff syndrome, rule out tear. 5. Osteoarthritic changes of the acromioclavicular joints per MRI dated 10/18/2013. According to this report, the patient complains of left shoulder and left hand pain. He rates his pain in the left shoulder 1/10 and left hand 5/10. The examination shows the patient is well-nourished, well-developed, in no acute distress. He ambulated and moved around the examination room without difficulty. Examination of the left shoulder revealed intact skin. There is tenderness to palpation with full active range of motion. Neurovascularly intact. Strength was 4/5 by comparison to 5/5 on the right shoulder. The left hand revealed extensive healed surgical scar over the dorsal aspect of the left hand. There is tenderness to palpation. He was unable to clench the fist of the left hand due to the contracture. Neurovascularly intact distally. The documents include physical therapy reports from 05/28/2014 to 07/30/2014. The utilization review denied the request on 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder two times a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with left shoulder and left hand pain. The treater is requesting 12 physical therapy sessions for the left shoulder. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis and neuralgia-type symptoms. The handwritten occupational therapy SOAP notes from 05/28/2014 to 07/30/2014 show a total of 17 occupational therapy visits for the hand and wrist. The 06/11/2014 report shows that the patient continues to complain of persistent left shoulder pain and left hand pain. He is currently doing occupational therapy to the left wrist and has completed 7 out of 12. His left shoulder has slight decreased range of motion and slight decreased strength. In this case, it appears that the patient has not had any physical therapy to address the left shoulder symptoms and while a trial is reasonable, the requested 12 sessions exceeds MTUS recommended 8 to 10 sessions. Recommendation is for denial.