

Case Number:	CM15-0110461		
Date Assigned:	06/17/2015	Date of Injury:	12/10/2014
Decision Date:	07/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 68-year-old female who sustained an industrial injury on 12/10/14 from a trip and fall resulting in immediate pain in the right wrist and shoulder. She was medically evaluated and provided with x-rays, which showed fracture of the right humerus and was placed in a sling and given pain medication. She had home health for six weeks. She currently complains of intermittent right shoulder with numbness and tingling (0/10 in the day and 3/10 at night); right wrist is sore with excessive use; left arm pain (3/10); left wrist and hand pain (3/10). On physical exam of her right shoulder her active range of motion is improving; the right wrist and hand have edema with tenderness over the pisiform with decreased range of motion. She is able to do self-care but household chores are limited and she cannot drive. Medication is aspirin. Diagnoses include right shoulder proximal humerus fracture; right shoulder weakness; right wrist ligament injury and degenerative change. Treatments to date included physical therapy to the right shoulder starting 1/2015 and to the right wrist starting in 3/2015; right shoulder sling. Diagnostics include MRI right wrist (4/23/15) abnormal findings showing a minus ulnar variance with asymmetric marrow edema and are consistent with a complete tear at the ulnar attachment of the triangular fibrocartilage complex, extensor carpi ulnaris tendinosis and moderate triscaphe joint osteoarthritic change. In the progress note dated 5/1/15 the treating provider's plan of care includes request for physical therapy twice per week for four weeks for the right shoulder due to continued stiffness and weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times weekly for 4 weeks, right shoulder Qty 8. 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

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

Decision rationale: The patient complains of stiffness and weakness in the right shoulder following a humeral fracture. She underwent two course of physical therapy, for a total of 24 sessions which resulted in significant improvement of her range of motion. At this point, the request is for an additional 8 sessions of physical therapy. At a recent exam on 3/20/15 the right shoulder was found to be non-tender to palpation and the ROM improved from the prior visit. At a 5/01/15 visit the patient stated that the shoulder "felt about the same." X-rays showed "excellent" healing of the fracture. At this point it appears that the patient has received maximal benefit from PT and should be transitioned to a home exercise program. Since her condition appears to be stable following two courses of PT, her condition does not appear to benefit from additional PT. Therefore, the request is deemed not medically necessary or appropriate.