

Case Number:	CM15-0179791		
Date Assigned:	09/21/2015	Date of Injury:	04/09/2015
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/11/2015

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 44 year old male, who sustained an industrial injury on April 9, 2015, incurring left shoulder and left upper extremity injuries. He was diagnosed with acromioclavicular arthritis of the left shoulder, left thumb joint sprain and left distal biceps tendon rupture. Treatment included physical therapy, acupuncture, chiropractic sessions, elbow injections, sling, pain medications, and modified duties. He underwent tendon rupture bicep surgery on May 20, 2015. Currently, the injured worker complained of persistent left upper extremity pain with reduced range of motion. There was diffuse tenderness noted in the left shoulder with tightness at the left elbow. He noted severe limitation with lifting, pushing, pulling and carrying interfering with his activities of daily living. Functional status had improved with physical therapy. The injured worker is waiting for authorization for left shoulder surgery with additional physical therapy. The treatment plan that was requested for authorization included twelve additional therapy sessions for the left arm. On August 20, 2015, a request for additional physical therapy was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional therapy sessions for the left arm: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: The claimant sustained a work injury in April 2015 when he fell from a ladder and is being treated for left shoulder, biceps, and thumb pain with diagnoses of rotator cuff impingement, a distal biceps tendon rupture, and thumb sprain. In May 2015, he underwent left distal biceps tenolysis when a repair could not be made. As of 07/27/15, he had completed 12 physical therapy treatment sessions. When seen, there was decreased and painful shoulder range of motion with positive impingement testing and decreased left upper extremity strength. There was tightness and restriction of the left elbow. After a biceps tendon rupture, guidelines recommend up to 24 visits over 16 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has had a partial course of physical therapy but has ongoing impairments and has not returned to unrestricted work. The requested number of additional post-operative therapy visits remains within accepted guidelines and is considered medically necessary.