

Case Number:	CM15-0069410		
Date Assigned:	04/17/2015	Date of Injury:	07/31/2014
Decision Date:	05/18/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 62 year old male, who sustained an industrial injury on 7/31/14. He reported pain in the left wrist, head, and left shoulder. The injured worker was diagnosed as having left shoulder internal derangement and distal radius fracture status post closed reduction and casting with limited range of motion. Treatment to date has included physical therapy and a home exercise program. Currently, the injured worker complains of left shoulder pain and numbness. The treating physician requested authorization for physical therapy 3x4 for the left shoulder and wrist. A physician's report dated 2/23/15 noted left shoulder limited range of motion and tenderness. Left wrist range of motion was also limited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks to the left shoulder and wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Forearm, Wrist and Hand Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks for the left shoulder and wrist is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left shoulder internal derangement; and left distal fracture status post closed reduction and casting with limited range of motion. Documentation in the medical record shows the injured worker received multiple physical therapy sessions in February 2015. As of February 20, 2015, the injured worker completed nine out of nine physical therapy visits authorized. In a March 23, 2015 note, the treating physician stated physical therapy helped with range of motion. Objectively, left shoulder range of motion was limited in improving. Left wrist range of motion is limited but improving. The treating provider's plan was to request an additional 12 sessions of physical therapy to the shoulder and wrist. There was no documentation evidencing objective functional improvement (from the prior nine PT visits). There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. The injured worker should be well-versed in the exercises performed during physical therapy (after nine physical therapy visits) to engage in a home exercise program. Consequently, absent clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy three times per week times four weeks for the left shoulder and wrist is not medically necessary.