

Case Number:	CM15-0071738		
Date Assigned:	04/21/2015	Date of Injury:	11/29/2014
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/15/2015

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 59-year-old male, who sustained an industrial injury on 11/29/2014. He reported pain and swelling in his right upper arm after being hit by a door. Diagnoses have included right upper arm contusion, hematoma, right biceps tendon tear, right shoulder muscle strain and adhesive capsulitis. Treatment to date has included magnetic resonance imaging (MRI), exploration of right arm and evacuation of hematoma (12/30/2014), physical therapy and medication. According to the progress report dated 3/3/2015, the injured worker complained of right shoulder pain on reaching and at night. Exam of the right shoulder and upper arm revealed mild tenderness at the anterior aspect of the shoulder and the bicipital groove. Authorization was requested for physical therapy for the right upper arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right upper arm x 6 visits over 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 17.

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) Pain Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right upper extremity/arm time's six visits over three weeks 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right upper arm contusion; hematoma; right biceps tendon tear; right shoulder muscle strain; and adhesive capsulitis. The injured worker underwent biceps hematoma evacuation. According to a March 23, 2015 progress note, the injured worker received physical therapy with improvement. The injured worker had an unknown number of physical therapy sessions. The guidelines recommend 24 visits over 16 weeks for the diagnosis and surgical procedure. There is no documentation evidencing objective functional improvement other than subjective improvement in overall symptoms. Additionally, the injured worker is returned to modified duty from March 23, 2015 through March 29, 2015. The injured worker is slated to return to work full duty on March 30, 2015. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Additionally, the injured worker is engaged in a home exercise program. Consequently, absent compelling clinical documentation with evidence of objective functional improvement and no compelling clinical facts in the medical record indicating additional physical therapy is warranted (probably injured worker is already engaged in a home exercise program), physical therapy to the right upper extremity/arm times six visits over three weeks is not medically necessary.