

Case Number:	CM13-0001903		
Date Assigned:	03/21/2014	Date of Injury:	08/02/2012
Decision Date:	04/15/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/18/2013

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in New York. 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 employee is a 59 year old woman who was injured 8/2/12 while opening a door, and is s/p left shoulder surgery on 5/10/13, a decompression, for impingement and adhesive capsulitis and manipulation under anesthesia. She is requesting additional PT x 12 for the left shoulder, to include the right shoulder. Her therapist notes in her July 2, 2013 visit that she has shown improvement with PT but still has limited strength limiting her ability to perform functional activities. He notes that she has developed right shoulder pain as a result of overuse. He also notes that she is only authorized for treatment of her left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, 12 SESSIONS, FOR RIGHT SHOULDER:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The employee shows some improvement following PT and surgery in regards to her left, injured shoulder. The treating surgeon does not note problems in the right

shoulder at the time of the requested service, nor examination. Medical necessity for additional physical therapy for the patient's right shoulder has not been established in the medical records provided for review. The request for additional physical therapy for the patient's left and right shoulder is not medically necessary and appropriate.