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| Case Number: | CM13-0008343 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 05/20/2011 |
| Decision Date: | 02/14/2014 | UR Denial Date: | 08/02/2013 |
| Priority: | Standard | Application Received: | 08/07/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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.

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 patient is a 61-year-old female who reported an injury on 05/16/2011. The patient is currently diagnosed with shoulder and upper arm strain and ulnar collateral ligament strain. The patient was seen by [REDACTED] on 11/26/2013. Physical examination revealed normal range of motion of the cervical spine, tenderness to palpation of the paraspinal musculature, positive Spurling's maneuver, normal range of motion of the thoracic spine, 5/5 motor strength in bilateral upper extremities, and intact sensation. Treatment recommendations included continuation of current medication and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 2 x 4 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. As per the clinical notes submitted, the patient has completed 36 sessions of physical therapy following right shoulder surgery. The current physical examination findings do not support the need for further

treatment at this time. Medical necessity for the requested service has not been established. As such, the request is non-certified.