

Case Number:	CM13-0026534		
Date Assigned:	11/22/2013	Date of Injury:	08/13/2003
Decision Date:	02/11/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/19/2013

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, has a subspecialty in Spine Surgery and is licensed to practice in Texas, Tennessee, and Montana. 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. 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 patient is a 63-year-old male who reported a work-related injury on 08/13/2003, the specific mechanism of injury not stated. The patient is status post left shoulder arthroscopic decompression and Mumford procedure as of 02/08/2012. The clinical note dated 08/14/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reported continued left shoulder pain complaints. The clinical note reports physical exam findings of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Physical therapy 2 times per week for 6 weeks for the spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient presents with left shoulder, left hip, and left knee pain. The clinical notes failed to document a recent physical exam of the patient's lumbar spine evidencing

any objective functional deficits to support supervised therapy at this point in his treatment. Utilization of an independent home exercise program for any deficiencies should be rendered. California MTUS indicates allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Given all of the above, the request for physical therapy 2 times per week for 6 weeks for the spine is not medically necessary or appropriate.