

Case Number:	CM13-0036742		
Date Assigned:	12/13/2013	Date of Injury:	04/30/2012
Decision Date:	02/19/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 38 year old male who reported an injury on 04/30/2012 after a motor vehicle accident. The patient reportedly sustained injuries to the head, neck, right shoulder, and knees and had a loss of consciousness. Treatment to date has included right shoulder surgery, physical therapy, medication, and shoulder injections. The patient's most recent physical examination revealed range of motion described as 0 to 180 degrees, 5/5 rotator cuff strength, and negative impingement sign. The patient's treatment plan included continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 right shoulder: Upheld

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

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

Decision rationale: The requested physical therapy 2 x 6 for the right shoulder is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had physical therapy post surgically. California Medical Treatment Utilization Schedule recommends that patients be transitioned to a home exercise program to

maintain improvements obtained during supervised skilled therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. As such, the requested physical therapy 2 x 6 for the right shoulder is not medically necessary or appropriate.