

Case Number:	CM13-0040000		
Date Assigned:	12/20/2013	Date of Injury:	02/17/2010
Decision Date:	01/31/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/07/2013

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 Neurology, has a subspecialty in Neuromuscular Disease 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. 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:

██████████ is a 43 old man who sustained a work related injury on February 17 2010. He subsequently developed shoulder sprain/strain and underwent right shoulder decompression. On August 20 2013, he developed persistent right shoulder pain. Physical examination showed tenderness over the right bicipital groove, and no weakness. The provider is requesting authorization for physical therapy twice a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 6Wks Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, physical therapy is indicated within the first 6 months after shoulder sprain surgery: 24 visits over 14 weeks. According to the provided file, the patient had shoulder surgery in 2011. There are no motor deficits reported. Therefore, the requested physical therapy is not medically necessary.