

Case Number:	CM13-0040697		
Date Assigned:	12/20/2013	Date of Injury:	05/01/2005
Decision Date:	07/23/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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 injured worker is a 56-year-old female who was reportedly injured on May 1, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated October 2013 indicated that there were ongoing complaints of shoulder pain. There were no physical examination findings demonstrated. Diagnostic imaging studies were not presented for review. Previous treatment included surgical intervention, postoperative physical therapy and medications. A request had been made for physical therapy for the left shoulder and was not certified in the pre-authorization process on October 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWENTY FOUR SESSIONS PHYSICAL THERAPY FOR LEFT SHOULDER-THREE TIMES EIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When noting the date of injury, the injury sustained, the treatment already rendered and the metaphysical therapy completed and by the physical examination, there was no

clear clinical indication presented for additional physical therapy. As such, this request is not medically necessary.