

Case Number:	CM13-0048159		
Date Assigned:	12/27/2013	Date of Injury:	03/21/2011
Decision Date:	04/30/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Practice 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 patient is a 64-year-old female who reported injury on 03/21/2011. The mechanism of injury was not provided. The patient's diagnosis included shoulder pain status post revision RSA. The clinical documentation submitted for review indicated per the discharge note, the patient had met all of the goals that had been set forth. It was indicated the patient's functional status had improved with physical therapy, and the patient should be able to continue a home exercise program. The DWC Form RFA requested therapy 12 visits 2 times 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 THERAPIST ASSESSMENT / EVALUATION: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines recommend physical medicine treatment with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had surgery more than 6 months prior to the requested physical therapy and he patient had undergone a course of physical therapy post operatively. There was a lack of documentation of functional

deficits to support the necessity for a physical therapy evaluation or continued physical therapy. The patient should be well-versed in a home exercise program. The request as submitted was for a physical therapy evaluation and physical therapy assessment and evaluation. There was a lack of documentation indicating a necessity for the request. Given the above, the request for physical therapist assessment and evaluation is not medically necessary.