

Case Number:	CM13-0049149		
Date Assigned:	12/27/2013	Date of Injury:	03/12/2009
Decision Date:	02/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/07/2013

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 Internal Medicine and is licensed to practice in New York. 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 52 year old male with a date of injury of 03/12/2009. He was climbing a ladder along the side of a tractor and hit his head. He lost his balance and used his left hand to grab the ladder striking the back of his head, neck and left shoulder against the truck. On 05/29/2012 he had a left rotator cuff repair. He then had post operative physical therapy. In 04/2013 he was approved for 4 visits of physical therapy to transition to a home exercise program. On 08/08/2013 he was still at modified work. Cervical flexion was 40 degree and extension was 30 degrees. Left rotation was 50 degrees and right rotation was 60 degree. Bilateral side bend was 15 degrees each. Left shoulder flexion was 160 degrees and abduction was 145 degrees. Internal rotation was 80 degrees and external rotation was 60 degrees. On 09/19/2013 6 additional physical therapy visits were approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional sessions of physical therapy (two (2) times a week for three (3) weeks); for the cervical spine and right shoulder: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Guidelines allow for a maximum of 10 visits of physical therapy over 8 weeks. The patient has already had at least 10 visits of physical therapy in 2013. Also, these visits are allowed with documentation that there has been objective improvement in the ability to do activities of daily living. This was not documented. The patient has remained on modified duty with lifting restrictions. Furthermore, at this point in time relative to the injury and surgery, there is no documentation that a continued formal physical therapy program is superior to a home exercise program.