

Case Number:	CM13-0058922		
Date Assigned:	03/31/2014	Date of Injury:	09/27/2006
Decision Date:	09/15/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 47-year-old male who reported an injury on 09/27/2006. The mechanism of injury was not stated. The current diagnosis is status post excision of proximal clavicle in the right shoulder on 08/28/2013. The injured worker was evaluated on 10/25/2013. It is noted that the injured worker was actively participating in postoperative physical therapy with an improvement in symptoms. The current medication regimen includes Percocet. Physical examination revealed negative impingement, 150 degree forward elevation, 30 to 80 degree internal and external rotation, diminished supraspinatus strength and intact sensation. Treatment recommendations at that time included continuation of physical therapy and a prescription for Norco 10/325 mg. A Request for Authorization form was then submitted on 11/15/2013 for physical therapy twice per week for 6 weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, TWO TIMES PER WEEK FOR 6 WEEKS, FOR THE RIGHT SHOULDER: Upheld

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

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. The injured worker has participated in a course of postoperative physical therapy for the right shoulder. However, there was no documentation of a significant musculoskeletal or neurological deficit that would warrant the need for a continuation of treatment at this time. As such, the request is non-certified.