

Case Number:	CM13-0067771		
Date Assigned:	01/03/2014	Date of Injury:	12/28/2007
Decision Date:	04/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/18/2013

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 Texas. 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 59-year-old female who reported an injury on 12/28/2007. The mechanism of injury was not stated. The patient is currently diagnosed as status post left shoulder subacromial decompression with residual scar tissue. The patient was seen by [REDACTED] on 12/13/2013. The patient was actively participating in physical therapy. Physical examination revealed normal range of motion and normal strength. Treatment recommendations included authorization for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR 8 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the

documentation submitted, the patient has previously participated in a course of physical therapy. Documentation of significant improvement was not provided. Additionally it is noted, the patient's physical examination on the requesting date of 12/13/2013 revealed normal range of motion without any new motor or sensory deficits. The medical necessity for ongoing skilled physical medicine treatment has not been established. Therefore, the request is non-certified.