

Case Number:	CM14-0007932		
Date Assigned:	02/10/2014	Date of Injury:	10/26/2010
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 48-year-old female who reported an injury on 10/26/2010. The mechanism of injury was not stated. The current diagnosis is status post left shoulder subacromial decompression with labral repair. The injured worker was evaluated on 12/16/2013. The injured worker was status post shoulder surgery. The injured worker has completed outpatient postoperative physical therapy. Physical examination revealed equivocal Neer's and Hawkin's testing, full range of motion of the left shoulder, and tenderness to palpation. Treatment recommendations included aggressive physical therapy and a follow-up visit in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4 FOR LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical 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 is status post left shoulder subacromial decompression and labral repair on an unknown date. The injured worker has completed a course of postoperative physical therapy; however, there was no documentation of the previous course of treatment with evidence of objective functional improvement. Additionally, the injured worker's physical examination revealed full range of motion of the shoulder. The medical necessity for ongoing skilled physical medicine treatment has not been established. Therefore, the request for Physical Therapy 2x4 for the Left Shoulder is not medically necessary and appropriate.

AND POSSIBLY CERVICAL SPINE 2X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical 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. There was no comprehensive physical examination of the cervical spine provided for this review. Therefore, there is no evidence of a musculoskeletal or neurological deficit with regard to the cervical spine. As the medical necessity has not been established. The request for Possible Physical Therapy for the Cervical Spine 2x4 is not medically necessary and appropriate.