

Case Number:	CM14-0009836		
Date Assigned:	02/21/2014	Date of Injury:	09/16/2011
Decision Date:	07/09/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine 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 45-year-old male with a date of injury on 9/16/11. Since the injury he has significant pain and dysfunction of the left shoulder, neck and back pain as well as cognitive and psychological disturbance. He underwent left shoulder arthroscopy on 5/10/13. Subsequently, he received 40 physical therapy sessions. He has been compliant with physical therapy and home exercise program. However, some of the shoulder weakness persisted. He has also been diagnosed with cervical and lumbar strain. Additional physical therapy was requested. This was not certified by the medical reviewer because the patient had good understanding of soft exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X4WKS LUMBAR AND LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine treatment guidelines.

Decision rationale: This patient has received adequate physical therapy for shoulder and lumbar spine dysfunction. He seems to be progressing with home exercise program. According to the available guidelines as stated above additional physical therapy is not medically necessary.