

Case Number:	CM14-0102313		
Date Assigned:	07/30/2014	Date of Injury:	04/03/2001
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 62-year-old male who was reportedly injured on April 3, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 9, 2014, indicated that there were ongoing complaints of neck pain and low back pain. The physical examination demonstrated a decreased range of motion in the cervical lumbar spine. Decreased sensation was also noted at the right C6 and left S1 dermatomes. Deep tendon reflexes were absent at the left ankle and right biceps. Diagnostic imaging studies were not reviewed. Previous treatment included shoulder surgery, treatment for the cervical spine, treatment for the lumbar spine, postoperative physical therapy and other pain management interventions. A request was made for physical therapy for the right shoulder and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The records reflect that 38 visits of physical therapy have been completed as of July 9, 2014. It was noted that the injured employee was status post right shoulder

subscapularis repair, Superior Labrum Anterior and Posterior repair and anterior stabilization. The date of surgery was noted as December 30, 2013. When noting the parameters with the last orthopedic clinic evaluation and by the guidelines and the current clinical evaluation, there was no data presented to suggest the need for additional physical therapy for the right shoulder. Therefore, the request for physical therapy twice a week for six weeks for the right shoulder is not medically necessary and appropriate.