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| Case Number: | CM14-0104795 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 07/10/2013 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/20/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 7/10/13. A utilization review determination dated 6/20/14 recommends non-certification of Physical Therapy (PT). The patient was noted to have completed 32 PT visits. 6/10/14 medical report identifies 4/10 pain in the right shoulder. On exam, flexion is to 130 degrees, abduction to 140 degrees, and external rotation to 80 degrees. Strength is 5-/5. The provider recommended completion of 8 more sessions of PT and then the patient would likely be at Maximum Medical Improvement (MMI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 4, Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation: Shoulder.

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

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 10 PT sessions and cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within

the documentation available for review, there is documentation of completion of 32 prior PT sessions. The patient does have some mild range of motion and minor strength deficits, but there is no rationale identifying why these cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.