

Case Number:	CM14-0108181		
Date Assigned:	09/16/2014	Date of Injury:	09/23/2013
Decision Date:	10/22/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/11/2014

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 Certificate 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:

The records, presented for review, indicate that this 57-year-old male was reportedly injured on September 23, 2013. The mechanism of injury was noted as a motor vehicle collision. The most recent progress note, dated September 5, 2014, indicated that there were ongoing complaints of left shoulder pain. The physical examination demonstrated a nearly full shoulder range of motion and a slight motor function loss. Diagnostic imaging studies objectified the surgical intervention. Previous treatment included multiple sessions of physical therapy, multiple medications, ultrasound guided steroid injections and other pain management interventions. A request had been made for physical therapy and was certified (unmodified) in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 for the left knee, neck strain, and left shoulder impingement:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When noting the date of injury, the surgery completed, the current physical examination findings reported (particularly the range of motion data), there is no data presented to suggest additional formal physical therapy is warranted. Transition to home exercise protocol emphasizing overall fitness, conditioning maximizing shoulder range of motion strength is allowed be supported. As is, when noting the parameters identified in the California Medical Treatment Utilization Schedule (MTUS) and by the physical examination, this is not medically necessary.