

Case Number:	CM14-0109053		
Date Assigned:	08/01/2014	Date of Injury:	02/28/2012
Decision Date:	09/15/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/14/2014

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 & 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 records presented for review indicate that this 49-year-old female was reportedly injured on February 28, 2012. The mechanism of injury is noted as a slip and fall while exiting a forklift. The most recent progress note, dated August 13, 2014, indicates that there are ongoing complaints of shoulder pain. The injured employee is stated to be working full duty and current medications include cyclobenzaprine and omeprazole. The physical examination demonstrated slightly decreased range of motion with flexion of both shoulders. There was weakness of the left sided triceps and biceps and popping and catching of the left shoulder with a Hawkins test. Diagnostic imaging studies of the left shoulder indicate the old labral tear. Previous treatment includes a left shoulder arthroscopy and labral repair followed by postoperative physical therapy. A request had been made for physical therapy twice a week for four weeks for the left shoulder and was not certified in the pre-authorization process on June 12, 2014.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: A review of the attached medical record indicates that the injured employee has already participated in 42 sessions of postoperative physical therapy for the left shoulder. According to the California MTUS guidelines, 30 visits of physical therapy are indicated for the injured employee's condition. Considering this, an additional eight visits of physical therapy for the left shoulder is not medically necessary.