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| Case Number: | CM14-0135874 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 09/19/2013 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 08/20/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 records presented for review indicate that this 77-year-old female was reportedly sustained a work-related injury on August 19, 2013. The most recent progress note, dated August 13, 2014, indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated forward flexion to 120 and abduction to 150. Diagnostic imaging under anesthesia revealed thickened tissue at the rotator cuff, a hyperemic biceps tendon and an intact labrum. There were minor arthritic changes of the glenohumeral joint. Previous treatment includes a left shoulder surgery and subsequent manipulation under anesthesia with subsequent physical therapy. A request had been made for physical therapy twice week for three weeks for the left shoulder and was not certified in the pre-authorization process on August 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Physical Therapy sessions for left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommends 24 visits of physical therapy for postoperative treatment of adhesive capsulitis. A review of the attached medical records indicates that the injured employee has participated in nearly 30 visits

with no significant improvement in the last several visits. As such, this request for additional physical therapy two times a week for three weeks for the left shoulder is not medically necessary.