

Case Number:	CM14-0154884		
Date Assigned:	09/24/2014	Date of Injury:	02/16/2012
Decision Date:	11/24/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 35 year-old male. The patient's date of injury is 2/16/2012. The mechanism of injury is not described in the clinical documents. The patient has been diagnosed with status post left shoulder subacromial decompression. The patient's treatments have included physical therapy, TENS unit, imaging studies, and medications. He has had twenty-four physical therapy visits postoperative for the shoulder. The physical exam findings dated June 5, 2014 shows her shoulder examination as tenderness over the anterior aspect of the shoulder, with abduction to 90 degrees, forward flexion of 90 degrees, and external rotation of 60 degrees. There is marked weakness throughout range of motion. The patient's medications have included, but are not limited to, Norco, Naproxen, Omeprazole, and Orphenadrine. The request is for additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three times a week for four weeks (3x4) Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy; Physical Medicine Page(s): 474; 98-99.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The patient has already completed a course of physical therapy, 24 sessions. The patient continues to have tenderness and limited range of motion. It is not documented that the patient did a home exercise program after the previous physical therapy sessions. According to the clinical documentation provided and current MTUS guidelines; Physical Therapy, as requested above, is not indicated as a medical necessity to the patient at this time.