

Case Number:	CM14-0033636		
Date Assigned:	06/20/2014	Date of Injury:	09/20/2012
Decision Date:	08/13/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/17/2014

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 injured worker is a 54-year-old female who was reportedly injured on 9/20/2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 12/27/2013, indicated that there were ongoing complaints of left shoulder pain. The physical examination demonstrated left shoulder range of motion showed forward flexion 150, abduction 150, adduction 90, external rotation 60, and internal rotation 40. No recent diagnostic studies were available for review. Previous treatment included previous surgery, physical therapy and medications. A request had been made for left shoulder physical therapy 2 X3 and was not certified in the pre-authorization process on 2/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the left shoulder 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder: (acute and chronic), updated 7/29/2014. Physical therapy.

Decision rationale: Physical therapy is recommended for post surgical treatment of the shoulder. According to the guidelines, the injured worker is entitled to 24 visits over 14 weeks. After review of the medical documentation provided, it was noted the injured worker has completed at least 24 sessions of physical therapy at this time. After reviewing the medical documentation provided, there was no indication of the complication to recovery, or any extenuating circumstances that would require additional therapy. It is reasonable that the injured worker can progress to home exercise regimen to focus on continuation of range of motion and muscle strengthening exercises. The request for additional physical therapy is, therefore, not medically necessary.