

Case Number:	CM14-0034426		
Date Assigned:	06/20/2014	Date of Injury:	01/27/2013
Decision Date:	08/29/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/19/2014

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 Pain Management & Rehabilitation and is licensed to practice in Texas. 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 47-year-old male whose date of injury is 01/27/2013. While chasing a suspect, the injured worker slipped and fell on his left shoulder on concrete. The injured worker underwent left shoulder arthroscopy on 07/16/13 and has been authorized for at least thirty postoperative physical therapy visits to date. Follow up note dated 02/10/14 indicates that he has made slow and steady progress in physical therapy. The injured worker underwent Kenalog injection on this date. Diagnosis is left shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 6 FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Based on the clinical information provided, the request for physical therapy two times weekly for six weeks for the left shoulder is not recommended as medically necessary. The injured worker is status post left shoulder arthroscopy and has been authorized for at least

thirty postoperative physical therapy visits to date. California Medical Treatment Utilization Schedule (MTUS) guidelines support up to twenty-four sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Therefore, the request is not medically necessary.