

Case Number:	CM14-0039909		
Date Assigned:	06/27/2014	Date of Injury:	01/25/2010
Decision Date:	08/22/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/04/2014

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 67-year-old male who was reportedly injured on January 25, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 11, 2014, indicated that there were ongoing complaints of left shoulder pain. The physical examination demonstrated a decrease in left shoulder range of motion. Diagnostic imaging studies were not presented for review. Previous treatment included intra-articular steroid injections, psychiatric care, surgical intervention and multiple medications. A request had been made for additional physical therapy and was not certified in the pre-authorization process on March 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 X 6 LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When noting the date of injury, the current physical examination and the lack of any change in the overall clinical situation for a number of months and by the metaphysical therapy order completed and noting the parameters outlined in the guidelines cited above, there was no clinical indication for any additional formal physical therapy. Transition to

home exercise protocol was all that would be supported as more than 6 months out from the date of surgery. Therefore, the medical necessity for this request has not been established.