

Case Number:	CM14-0048389		
Date Assigned:	06/20/2014	Date of Injury:	08/15/2012
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
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 Neurological Surgery and is licensed to practice in California. 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 63-year-old male who was reportedly injured on 8/15/2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 3/17/2014, indicated that there were ongoing complaints of left shoulder pain status post surgery. The physical examination was handwritten and illegible. Diagnostic imaging studies included an MRI of the left shoulder, dated 9/16/2013, which revealed rotator cuff tear of the supraspinatus and subscapularis, questionable Slap tear, mild degenerative joint disease of the joint. Previous treatment included left shoulder arthroscopy. A request was made for physical therapy 3 x 6 on the left shoulder with Ultrasound Myofascial Release and E-Stim NULL and was not certified in the pre-authorization process on 3/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 6 on the left shoulder with Ultrasound Myofascial Release and E-Stim: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The injured worker was status post left shoulder arthroscopy according to the medical documentation provided. He has been approved for #9 visits for physical therapy.

In order for the injured worker to receive an additional #9 visits, there needs to be supporting documentation from the treating physician to show that there has been an improvement in function or decrease in pain, or other mitigating factors that contribute to the claimant not progressing as expected. At this time, request for additional therapy visits is not medically necessary.