

Case Number:	CM14-0056931		
Date Assigned:	07/09/2014	Date of Injury:	08/10/1999
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 & 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 records presented for review indicate that this 55 year-old individual was reportedly injured on August 10, 1999. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 9, 2014, indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated an alert, oriented individual who is well healed. Shoulder range of motion is slightly reduced and there is discomfort with palpation. There is no instability noted. Previous treatment includes left shoulder surgery. A request had been made for additional physical therapy and is not medically necessary in the pre-authorization process on April 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 (Additional): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): (ICD9 726.1; 726.12).

Decision rationale: When considering the date of injury, the date of surgery, the surgery completed, the physical therapy already completed and the physical examination reported there is no clinical indication presented for any additional physical therapy. Transition to home exercise protocol emphasizing completing the range of motion therapy, overall fitness, and conditioning and achieving ideal body weight should be completed. However, when noting the parameters outlined in the guidelines, relative the amount of postoperative physical therapy, the medical necessity of additional sessions has not been established therefore is not medically necessary.