

Case Number:	CM14-0062721		
Date Assigned:	07/11/2014	Date of Injury:	10/02/2012
Decision Date:	09/23/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 45 year old female whose date of injury is 10/02/2012. The mechanism of injury is not described. Orthopedic report dated 03/19/14 indicates that the injured worker is 3 months status post left shoulder surgery. On physical examination left shoulder range of motion is flexion 165, external rotation to 85 degrees and internal rotation is to L4. There is 4/5 strength of the rotator cuff. Hawkins and Neer's testing is positive. Assessment is left shoulder adhesive capsulitis, resolving. The injured worker underwent subacromial injection on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for four (4) weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Based on the clinical information provided, the request for physical therapy two (2) times a week for four (4) weeks for the left shoulder is not recommended as medically necessary. The injured worker is noted to be status post left shoulder surgery; however, the date, nature and extent of surgical intervention are not documented. There is no comprehensive

assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review as the most recent clinical documentation submitted for review is from March, and no specific, time-limited treatment goals are provided. Given the lack of supporting documentation, the requested physical therapy is not medically necessary.