

Case Number:	CM14-0063772		
Date Assigned:	07/11/2014	Date of Injury:	11/08/2012
Decision Date:	10/29/2014	UR Denial Date:	04/28/2014
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 Physical Medicine and Rehabilitation, 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's original date of injury was November 8, 2012. The injured worker has chronic left shoulder pain with a history of left shoulder arthroscopy to read and repair a SLAP lesion. The patient also had PRP injection. Postoperatively, the injured worker was provided with a course of physical therapy that was approximately 30 visits according to the records from the claims administrator. The patient continued to have symptoms and subsequently underwent another left shoulder surgery to address adhesive capsulitis on October 30, 2013. There is documentation on July 11, 2014 that the patient is doing better and she is going to attempt to return to work with no restrictions. The disputed request is an additional 12 sessions of physical therapy for the shoulder. A utilization review determination on April 28, 2014 had noncertified this request, citing that the patient already had approval for 30 previous sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (2) times a week for (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The request for additional physical therapy as noted in a progress noted on 5/6/2014. There is documentation on July 11, 2014 that the patient is doing better and she is going to attempt to return to work with no restrictions. The guidelines recommend 24 post-operative visits following surgery. The patient has had 30 sessions approved, and should be well versed in self-directed home exercise. This request is not medically necessary at this time.