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| Case Number: | CM14-0067398 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 10/29/2012 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 05/05/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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 records, presented for review, indicate that this 50 year old gentleman was reportedly injured on October 29, 2012. The most recent progress note, dated March 18, 2014, indicated that there were ongoing complaints of left shoulder pain. The physical examination demonstrated elevation to 90 degrees and external rotation to 15 degrees, rotator cuff strength was measured at 4+/5. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included left shoulder surgery and physical therapy. A request was made for physical therapy twice week for six weeks for the left shoulder and was not certified in the preauthorization process on May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 Left Shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, Physical Therapy, Updated August 27, 2014.

Decision rationale: A review of the medical records indicate that the injured employee has had at least twenty four sessions of postoperative physical therapy for the left shoulder. It is unclear

from the attached medical record exactly what shoulder surgery was performed. There has been no significant improvement with recent therapy. As such, this request for additional physical therapy twice week for six weeks for the left shoulder is not medically necessary.