

Case Number:	CM14-0076526		
Date Assigned:	07/18/2014	Date of Injury:	02/14/2012
Decision Date:	10/01/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational 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 patient is a 61 year old male who was injured on 02/14/2012. The mechanism of injury is unknown. Progress report dated 05/02/2014 states the patient presented with left shoulder pain. On exam, there is tenderness of the shoulder at anterolateral acromion, mildly positive impingement pain but no weakness with stressing of supraspinatus. He is diagnosed with shoulder pain. The patient is recommended for physical therapy twice a week for 4 weeks. No other records have been provided. Prior utilization review dated 05/08/2014 states the request for Physical Therapy x 8 visits, left shoulder is not certified as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8 visits, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According MTUS guidelines, physical medicine (therapy) is recommended after shoulder surgery and for acute exacerbations of shoulder pain. In this case a request is

made for 8 visits of physical therapy for a 60-year-old male injured on 2/14/12 with chronic left shoulder pain and diagnosis of labral pathology. Records note pain, tenderness to palpation near the acromion and mildly positively impingement sign. However, there is no discussion of frequency or outcome of prior physical therapy. Past surgical history is not provided. Specific rational for therapy is not provided. Medical necessity is not established.