

Case Number:	CM14-0077337		
Date Assigned:	07/18/2014	Date of Injury:	01/26/2013
Decision Date:	09/18/2014	UR Denial Date:	04/22/2014
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 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 55-year-old gentleman was reportedly injured on January 26, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 12, 2014, indicates that there are ongoing complaints of back pain and neck pain. There were no complaints of left shoulder pain. No physical examination was performed. Diagnostic imaging studies of the lumbar spine revealed degenerative disc disease at L5 - S1 and mild facet arthropathy at L4 - L5 and L5 - S1. An MRI of the cervical spine indicated degenerative disc disease and disc herniations from C4 through C7. Previous treatment includes left shoulder surgery for a rotator cuff repair and biceps tenodesis and physical therapy. A request had been made for an additional 20 visits of physical therapy for the left shoulder and was not certified in the pre-authorization process on April 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to left shoulder #20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines recommends 24 visits of physical therapy after a rotator cuff repair . A review of the attached medical record indicates that the injured employee started physical therapy for the left shoulder on August 20, 2013 and continued through March 31, 2014. It is unclear how many physical therapy visits were attended during this time however the injured employee has almost certainly transitioned to a home exercise program by this time. Considering this, the request for 20 additional visits of physical therapy for the left shoulder is not medically necessary.