

Case Number:	CM14-0086003		
Date Assigned:	07/23/2014	Date of Injury:	06/21/2011
Decision Date:	08/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 42-year-old female who reported an injury on 06/21/2011 caused by unspecified mechanism. The injured worker's treatment history included physical therapy, injections, and surgery. The injured worker was evaluated on 05/08/2014. It was documented that the injured worker complained of right shoulder weakness and difficulty and right knee pain. It was noted that the right knee had limited active range of motion, pain with extension, slight swelling on superiomedial knee. Diagnosis included S/P right shoulder arthroscopic and open repair of RC, status post manipulation under anesthesia right shoulder, S/P right knee surgery, and status post abdominal hernia repair. The provider failed to indicate outcome measurements of past physical therapy treatment sessions and pain medication management. The Request for Authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Strength Exercise Program: Upheld

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

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

Decision rationale: The requested is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted lacked outcome measurements of prior physical therapy sessions and home exercise regimen. In addition, the request submitted failed to indicate location where strength exercise program is required for the injured worker. Given the above, the request for strength exercise program is not medically necessary.