

Case Number:	CM14-0095226		
Date Assigned:	07/25/2014	Date of Injury:	02/29/2012
Decision Date:	09/26/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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 65 year-old individual was reportedly injured on February 29, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 4, 2014, indicates that there are ongoing complaints of shoulder pain. The physical examination demonstrated a 6'1", 199 pound individual who is hypertensive (154/82). Motor strength and tone reported to be normal. Cervical spine in shoulder range of motion are reported to be decreased. A decrease in shoulder range of motion is reported. Diagnostic imaging studies were not reported. Previous treatment includes multiple medications, arthroscopic surgery, postoperative rehabilitation physical therapy, cervical fusion, and pain management interventions. A request had been made for postoperative physical therapy and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 1 to 2 times a week for 8 weeks for the left shoulder.:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines; American Academy of Orthopaedic Surgeon.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When noting the date of injury, the date of surgery and the surgery completed, there is no clinical data presented to suggest why the remaining physical therapy cannot be augmented with a home exercise protocol emphasizing range of motion, strengthening, overall fitness and conditioning and achieving an ideal body weight. There is no documentation presented and established physical therapy is only been completed or the efficacy of such intervention. Therefore, based on the clinical data reviewed this is not medically necessary.