

Case Number:	CM14-0100719		
Date Assigned:	07/30/2014	Date of Injury:	06/01/2002
Decision Date:	01/06/2015	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/30/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 67 year old man who sustained a work-related injury on June 1 2002. Subsequently, the patient developed a chronic left shoulder pain for which he underwent left shoulder surgery on 2003. According to a progress report dated on June 23 2014, the patient was complaining of left shoulder pain. The patient physical examination demonstrated left shoulder tenderness with reduced range of motion. The provider request for another left shoulder surgery was denied. The provider requested authorization for post op physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Because, the left shoulder surgery was denied, pot op physical therapy is not medically necessary.