

Case Number:	CM14-0193338		
Date Assigned:	12/01/2014	Date of Injury:	07/26/2013
Decision Date:	01/20/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/18/2014

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 Osteopathic Family Practice, has a subspecialty in Occupational Medicine/Pain Medicine and Manipulation 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:

According to the medical records the patient is a 28-year-old male who sustained an industrial injury on July 26, 2013. The patient is status post left shoulder arthroscopy, labral repair, distal clavicle excision and subacromial decompression on July 22, 2014. Utilization review was performed on October 28, 2014 at which time the request for physical therapy for the left shoulder was denied. The prior peer reviewer reviewed a May 28 2014 report. The prior peer reviewer also reviewed an RFA dated October 14, 2014 which requested physical therapy. The RFA did not provide examination findings. The patient was seen on October 1, 2014 at which time he is noted to be doing well and physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 8/27/14), Physical Therapy

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The requested physical therapy treatment is supported. The patient is status post left shoulder arthroscopy on July 22, 2014. An initial trial of 12 sessions of physical therapy is supported per the cited guidelines.