

Case Number:	CM14-0212300		
Date Assigned:	01/02/2015	Date of Injury:	05/27/2014
Decision Date:	04/01/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 61-year-old female who reported an injury on 05/27/2014. The mechanism of injury involved heavy lifting. The current diagnosis is unspecified neuralgia, neuritis, and radiculitis. The injured worker presented on 11/21/2014, for a followup evaluation. It was noted that the injured worker was 3 months status post left shoulder rotator cuff repair, with debridement and subacromial decompression. Upon examination, there was 100 degree forward elevation, 60 degrees abduction, 40 degree external rotation, and internal rotation to the SI joint. There was 4+/5 motor strength. Recommendations included continuation of physical therapy. A Request for Authorization form was then submitted on 12/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the left shoulder (twice per week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no documentation of a significant functional limitation. Following the initial course of physical therapy, the injured worker should be well versed in a home exercise program. Given the above, the request is not medically appropriate at this time.