MAXIMUS Federal Services

Case Number:	CM15-0030634		
Date Assigned:	02/24/2015	Date of Injury:	01/14/2011
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 58-year-old female who sustained an industrial injury on 01/14/2011. Current diagnoses include; status post right shoulder subacromial decompression of the rotator cuff and multi level herniated nucleus propulsus lumbar spine. Previous treatments included medication management, right shoulder surgery on 09/26/2012, and physical therapy. Report dated 01/08/2015 noted that the injured worker presented with improved shoulder and back complaints with therapy. Physical examination was positive for abnormal findings. MRI of the lumbar spine dated 10/02/2014 was included for review. Utilization review performed on 01/27/2015 non-certified a prescription for physical therapy 2 x 4 weeks, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS/ACOEM/Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 127. Decision based on Non-MTUS Citation official Disability Guidelines; Shoulder: (Acute and Chronic) updated 10/31/14.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 26-27.

Decision rationale: Per the 10/14 ortho note, the IW has full ROM of her shoulder, and is s/p full recovery from her RTC repair 2 years prior. There is no specific goal for continued and repeat PT, nor any discussion of limitations currently, only a notation of acute flare-up pain. It should be noted the UR physician certified 2 sessions for home exercise program teaching.