

Case Number:	CM14-0143597		
Date Assigned:	09/12/2014	Date of Injury:	03/21/2012
Decision Date:	10/30/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/04/2014

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 has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 3/21/12. A utilization review determination dated 8/29/14 recommends non-certification of PT. Patient is said to be s/p left shoulder MUA 7/28/14. However, an amendment to the UR report notes that claims information received on 8/29/14 indicates that no left shoulder MUA has been performed. IMR determination 9/5/14 notes that left shoulder manipulation under anesthesia with injection is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

[Post MUA] PT x 12 to (L) Shoulder (Per 8/29/14 Amendment): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical therapy

Decision rationale: Regarding the request for PT, CA MTUS does not address the issue. ODG supports up to 24 PT sessions for postsurgical treatment of adhesive capsulitis of the shoulder. Within the documentation available for review, it is noted that manipulation of the shoulder was

not performed or authorized. In light of the above issues, the currently requested PT is not medically necessary.