

Case Number:	CM14-0188084		
Date Assigned:	11/18/2014	Date of Injury:	09/14/2011
Decision Date:	06/12/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/11/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 underlying date of injury in this case is 09/14/2011. The patient's diagnosis is a shoulder arthropathy. The date of the utilization review under appeal is 10/13/2014. On 09/23/2014, the patient was seen in orthopedic follow-up with a history of a rotator cuff syndrome and failed shoulder syndrome. A handwritten PR-2 report notes that the patient had painful range of motion of the right shoulder and numbness in the right upper extremity. Treatment requests included an updated MRI of the right shoulder as well as tramadol, physical therapy, and acupuncture. The current application for independent medical review requests reconsideration of a request for a physical performance evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Performance Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: An initial physician review recommended that a request for a "physical performance evaluation" be noncertified given that there was no medical documentation provided to justify this request, and there is no clarification as to what the requested item might be. Consistent with that initial physician review, the California Medical Treatment Utilization Schedule and ACOEM Guidelines do not refer to an item called a "physical performance evaluation." There is no basis at this time in the medical records or the treatment guidelines upon which to apply a guideline in support of this request. Therefore, this request is not medically necessary.