

Case Number:	CM14-0216826		
Date Assigned:	01/06/2015	Date of Injury:	03/07/2012
Decision Date:	03/11/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/26/2014

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:

This patient's treating diagnoses include left shoulder rotator cuff disorder, sleep disorder, stress, depression, anxiety, and sexual dysfunction. On 10/31/14 a treating orthopedist PR-2 note states the patient was status post arthroscopy with residual pain worse with gripping or grasping or work above shoulder level. Positive impingement signs were noted in the left shoulder with globally reduced ROM and strength globally 4/5 in the L UE. Sensation was slightly diminished in C5 through T1 dermatomes on the left. The treatment plan included physical therapy, acupuncture, and chiropractic 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for left shoulder (2 times 6)12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: MTUS anticipates that this patient would have previously transitioned to independent home active rehabilitation. The records contain limited information regarding the rationale, goals, or methods proposed for additional supervised therapy and contain very limited details regarding the nature of prior therapy. For these reasons this request is not supported by the treatment guidelines; the request is not medically necessary.