

Case Number:	CM14-0076057		
Date Assigned:	07/16/2014	Date of Injury:	02/24/2008
Decision Date:	01/15/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational 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 patient is a 62 y/o female who has developed several chronic musculoskeletal problems subsequent to an injury dated 2/24/08. The body part in question for this review is the left shoulder. There is reported to be an MRI confirmed partial rotator cuff tear in the left shoulder. There has been 8 sessions of therapy completed for the left shoulder and an additional 4 sessions have been requested. U.R. review denied the additional sessions, but there was no clear cut Guideline basis for doing so.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 4 visits for Left Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

Decision rationale: MTUS Guidelines supports a few sessions of physical therapy for shoulder pain, but MTUS does not differentiate reasonable therapy for specific shoulder conditions. ODG Guidelines are more specific depending upon the diagnosis and ODG Guidelines support up to

20 sessions of physical therapy if there is a documented rotator cuff tear. This patient is documented to meet this criteria. The request for another 4 sessions is consistent with the most applicable Guideline and is medically necessary.