

Case Number:	CM15-0015881		
Date Assigned:	02/03/2015	Date of Injury:	07/11/2012
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained an industrial injury on 07/11/2012. He has reported left shoulder pain and neck pain. The diagnoses have included chronic left shoulder pain, status post shoulder surgery 10/13/2014, chronic headaches with head injury, lumbar spine pain status post compression fracture of L5, and neck pain. Treatment to date has included medications, chiropractic sessions, physical therapy, and surgical intervention. Medications have included Norco. Surgical intervention has included left shoulder arthroscopy with debridement and biceps tenotomy, performed on 10/13/2014. Currently, the injured worker complains of pain in his left shoulder with activities, constant low back pain, and improved headaches with chiropractic treatments. A treating physician's progress note, dated 12/11/2014, reported objective findings to include full range of motion of the left shoulder. The plan of treatment includes requests for additional physical therapy, and a short course of chiropractic treatments. On 12/31/2014 Utilization Review noncertified a prescription for Physical therapy two times a week for four weeks. The CA MTUS was cited. On 01/27/2015, the injured worker submitted an application for IMR for review of Physical therapy two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks: Upheld

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

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

Decision rationale: The request is considered not medically necessary. According to the chart, he has completed 8 sessions of physical therapy which helped him since surgery. He had decreased pain and increased range of motion. He was able to continue home exercises with his Theraband. There is no medical documentation showing that he had worsening of symptoms and signs requiring additional therapy. At this point, the patient should be able to continue a home exercise program which he is already performing. Therefore, the request is considered not medically necessary.