

Case Number:	CM14-0156620		
Date Assigned:	09/26/2014	Date of Injury:	02/04/2014
Decision Date:	11/05/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/24/2014

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 & Rehabilitation, and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 55 year old male who sustained a work injury on 2-4-14. Office visit on 7-24-14 notes the claimant has pain and weakness to the left shoulder. He reports his pain is 8/10. He has 2+/5 strength. On exam, the claimant has decreased range of motion and hypomobile SC and AC joints. There is tenderness or increased muscular tone. He is responding to physical therapy and has been improving strength. Medical records reflect the claimant had shoulder surgery on 7-18-14. He underwent operative arthroscopic of the left shoulder with subacromial decompression and acromioplasty, Lysis of adhesions with manipulation and removal of loose bodies, arthrotomy with distal claviclectomy and excision of torn cartilage. The claimant has completed 12 physical therapy sessions postop. Follow-up on 7-28-14 notes the claimant has mild complains. He is doing well postop. Sutures were removed. Range of motion is improving. The claimant will continue with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x wk x 6wks left shoulder QTY: 18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided 12 postop physical therapy sessions. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture, exceeding current treatment guidelines. Therefore, the medical necessity of this request is not established.