



## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician 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 11/04/1994. Treating diagnoses include lumbosacral neuritis, lumbar stenosis, shoulder sprain, rotator cuff syndrome, and a pathological vertebra fracture. The initial mechanism of injury is that the patient picked up a 50-pound ream of paper from the floor and sustained injuries to her cervical spine and both upper extremities, lumbar spine, and right knee. The patient is status post a lumbar fusion as well as removal of hardware with subsequent postoperative physical therapy.

Current treatment notes indicate that the patient reported she had been complaining of right arm pain and shoulder pain for quite some time and had difficulties with overhead activities. The reviewer noted that the physical therapy request should be modified for 6 sessions with further treatment pending documentation of improvement. Treating physician notes of 09/09/2013 reported request for right shoulder arthroscopy with subacromial decompression.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Outpatient (PT) to the right shoulder (2) times per week over (3) weeks is medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS 2009 Chronic Pain Treatment Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine, page 98, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, Section on Physical Medicine, page 98, recommends “Active therapy requires an internal effort by the individual to complete a specific exercise or task.” This is a complex case of a patient where the medical records outline a goal of physical therapy in order to defer or void the need for surgery. The patient would not have been able to perform the initial portions of this particular therapy program independently given the need to establish a specific independent exercise program. The medical records are consistent with the treatment guidelines. This treatment is medically necessary.

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