

<b>Case Number:</b>	CM13-0012132		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	01/26/2000
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Internal Medicine, and is licensed to practice in New York. 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:

The patient is a 69 year old female with dates of injury of 01/26/2000 - 01/26/2001. She had right shoulder pain in 2001. On 01/22/2013 she had neck pain and right shoulder pain. She also had low back pain. The diagnoses included right shoulder pain, right rotator cuff tear and right upper extremity complex regional pain syndrome. The note had no right shoulder/upper extremity range of motion or strength measurements. Her medication was renewed. On 03/19/2013 there was a similar note. On 07/09/2013 it was noted that the physical therapy she had just completed was helpful. This was 8 visits of physical therapy to her right shoulder and right upper extremity. On 07/09/2013 it was noted that she had improved right upper extremity range of motion but had decreased right shoulder abduction. The request was for an additional 8 physical therapy visits. The request for the additional physical therapy visits was received on 07/19/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUE PHYSICAL THERAPY, 2 TIMES PER WEEK FOR 4 WEEKS, FOR THE RIGHT SHOULDER AND RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[HTTPS://WWW.ACOEMPRACGUIDES.ORG/SHOULDER](https://www.acoempracguides.org/shoulder); TABLE 2, SUMMARY OF RECOMMENDATIONS, SHOULDER DISORDERS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** MTUS ACOEM Chapter 9, Shoulder Complaints, page 203 suggests that in non-red flag injuries a few physical therapy visits for instruction in a home exercise program is recommended. During the initial 8 physical therapy visits the instruction in a home exercise program should have been completed. MTUS Chronic Pain guidelines allow for a maximum of 10 physical therapy visits. The additional 8 requested physical therapy visits would exceed the maximum of the guideline and is therefore not consistent with the guideline.