

<b>Case Number:</b>	CM13-0012637		
<b>Date Assigned:</b>	09/20/2013	<b>Date of Injury:</b>	01/18/2011
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Oklahoma and 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 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. 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 forty nine year old female who reported an injury on 01/18/2011. The mechanism of injury was a fall. She initially received physical therapy, x-rays, and medication to manage her right shoulder injury, but receive an unspecified arthroscopic surgery to the right shoulder in 2011 with relief. The it is unclear exactly how many sessions of physical therapy the patient has received to date, but a note dated September 2012 suggests she has received approximately 24 sessions of physical therapy. She also began chiropractic care in August of 2012, then returned to work in October of 2012 with no modification of work duties. She continues to complain of stiffness and discomfort in her shoulder with forceful activities or prolonged above shoulder-level work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy times six:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend physical therapy for myalgia, myositis, neuralgia, neuritis, radiculopathy, and reflex sympathetic dystrophy. Guidelines state that therapy is to restore flexibility, strength, endurance, function, range of motion, and to alleviate pain. The most recent physical examination dated 08/05/2013 noted that the patient did not have any complaints of pain, no significant range of motion deficits, all special tests were negative, reflexes and motor strength were normal throughout as was sensation. There are currently no indications for physical therapy at this time. Therefore, the request for 6 additional sessions of physical therapy are non-certified.