

<b>Case Number:</b>	CM13-0014477		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 70-year-old female with a date of injury of 08/20/2012. The listed diagnoses per [REDACTED] include low back pain, a rotator cuff tear of partial thickness and status post partial medial meniscectomy. According to progress report 08/12/2013, the patient presents with left shoulder pain. An examination revealed left shoulder has full range of motion. She has positive Neer's test and positive Hawkins' test with mild weakness in her supraspinatus strain. The physician is requesting physical therapy x8 for the left shoulder. Utilization review denied the request on 08/20/2013. Treatment reports from 01/11/2013 through 08/12/2013 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 8 for the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with continued left shoulder pain. The physician is requesting physical therapy 8 sessions for the left shoulder. For physical medicine, the MTUS

Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. The patient received 12 physical therapy sessions addressing the left shoulder complaints, between 06/12/2013 through 07/10/2013. Treatment reports continually state "full range of motion left sh in all planes." Report also notes that the patient continues to perform activities of daily living and has been advised to return to work with restrictions. In this case, the physician is requesting additional 8 physical therapy sessions without providing a rationale. The physician does not discuss why the patient would not be able to transition to a self-directed home exercise regimen program. Furthermore, the request for 8 additional sessions, with the 12 already received, exceeds what is recommended by MTUS. Therefore the request is not medically necessary.