

<b>Case Number:</b>	CM13-0016585		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	08/20/2010
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in Ohio, Texas, and 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. 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 64-year-old male who reported an injury on 8/20/10; a jackhammer straight edge fell and struck the patient on the foot. The patient had a below-the-knee amputation on that side, and diffuse tenderness and weakness in the left shoulder, along with 60% abduction and forward flexion that continued with physical therapy. The patient's diagnoses were noted to include left clavicle fracture as of 9/28/12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**twelve physical therapy sessions for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines for the Shoulder

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

**Decision rationale:** The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling; it can also improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or

activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review indicated that the patient had been in physical therapy since January 2013; however, it failed to provide the number of sessions that the patient had participated in and the functional benefit that was received from the therapy. Additionally, the clinical documentation submitted for review failed to provide functional deficits to support ongoing physical therapy. Given the above, the request is not medically necessary.