

<b>Case Number:</b>	CM13-0016792		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	07/14/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	08/21/2013
<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 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 and is licensed to practice in Arizona, California, Colorado, Georgia, Illinois, Mississippi, New York, North Carolina, Tennessee, Virginia, Texas and Oklahoma. 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 injured worker is a 58-year-old male, who was injured on July 14, 2012, from repetitive pushing, pulling, and overhead reaching. The injured worker was diagnosed with shoulder impingement, arthrosis, and a shoulder sprain/strain. A clinical note from August 7, 2013, reported complaints of intermittent moderate dull, achy, sharp left shoulder pain. Surgery had been recommended by the orthopedic surgeon. The physical examination of the shoulder demonstrated range of motion was decreased and painful. There was three plus tenderness to palpation of the acromioclavicular joint, anterior shoulder, glenohumeral joint and lateral shoulder. Supraspinatus press was positive. Recommendation was additional therapy to increase the probability of successful recovery. There were no therapy notes noting how much previous therapy had already been provided and the response to the therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY (UNSPECIFIED FREQUENCY AND DURATION):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PHYSICAL MEDICINE Page(s): 98-127.

**Decision rationale:** The guidelines would support 24 physical therapy sessions over 14 weeks for arthroscopic repair of the rotator cuff. There was no documentation noted indicating the amount of previous physical therapy to date post-operatively. The surgery was performed on January 16, 2014, after the most recent evaluation provided for review. The request does not specify the frequency and duration of the additional physical therapy desired. The request for additional physical therapy of an unspecified frequency and duration for the left shoulder is not medically necessary and appropriate.

**MEDICATION CONSULT.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM) Practice Guideines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers,2nd Editiona, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)  
SHOULDER (UPDATED 03/31/14), OFFICE VISITS

**Decision rationale:** The guidelines indicate office visits are recommended as determined to be medically necessary and play a critical role in diagnosis and return to function. These visits should be encouraged. The medical documentation provided did not provide any current clinical information from the treating provider as to the medical necessity for a medication consult. There was no documentation of what medications the injured employee needed evaluated. The only comment was refer to MD, for medications. There was no indication the injured employee was taking medications or reasons why medication management was indicitated. The request for a medication consult is not medically necessary and appropriate.