

<b>Case Number:</b>	CM13-0017961		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in 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.

### 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 54-year-old female who reported an injury on 3/30/2011. The patient is currently diagnosed with shoulder impingement, shoulder strain, frozen shoulder, and myofascial pain/myositis. The patient was evaluated by [REDACTED] on 7/25/2013 with a chief complaint of pain to the left shoulder and arm. Current medications include Lortab, Lidoderm patch, Lyrica, Terocin lotion, cyclobenzaprine, and calcium. Physical examination revealed no apparent distress, tenderness to palpation over the left upper trapezius, trigger points palpated in the upper trapezius and rhomboid region on the left, decreased range of motion of the left shoulder, weakness, intact sensation, and 2+ bilateral reflexes. Treatment recommendations included continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 physical therapy sessions:** 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 Chronic Pain Medical Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, which is not a part of MTUS..

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Medical treatment for myalgia or myositis unspecified includes 9 to 10 visits over 8 weeks. The ODG state medical treatment for adhesive capsulitis includes 16 visits over 8 weeks, and medical treatment for a sprained shoulder or rotator cuff includes 10 visits over 8 weeks. It is noted that a continuation of physical therapy was recommended on 07/08/2013. Documentation of a previous course of physical therapy with treatment duration and efficacy was not provided for review. Therefore, continuation of treatment cannot be determined as medically appropriate. The request for physical therapy is not medically necessary and appropriate.