

<b>Case Number:</b>	CM13-0018580		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/26/2011
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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, 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 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 53-year-old male with a date of injury of 01/26/2011. The diagnosis per [REDACTED] dated 08/08/2013 is "flareup of right shoulder." According to the medical file, the patient is status post arthroscopic subacromial decompression procedure dated 02/03/2012 and shoulder manipulation under anesthesia on 06/28/2012. A permanent and stationary report dated 12/20/2012 suggested that the claimant returned to regular work effective that date. According to a report dated 08/08/2013 by [REDACTED], the patient presents with a flare-up of the right shoulder. The patient reports some tingling and weakness in the right shoulder. The report notes there is no clear new injury and the patient has been working. An examination of the right shoulder reveals full range of motion and strength which seemed well preserved today. No dermatomal distribution of numbness was noted, but he feels a tingling sensation in his arm. The patient was noted to have a negative foraminal compression test, a normal cervical range of motion, slight tenderness to the lateral acromion, and slight pain with impingement test. The treater states that an ultrasound for diagnostic purposes will be made. The request is for Lidoderm patches and strengthening exercises with physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) times a week for four (4) weeks to the right shoulder:** Overturned

**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): 98-99.

**Decision rationale:** The patient presents with a flare-up of the right shoulder. The treater is requesting eight (8) sessions of physical therapy (PT) to the right shoulder for a recent flare-up. The Chronic Pain Guidelines recommend for myalgia and myositis type symptoms nine to ten (9-10) visits over eight (8) weeks. In this case, the patient is status post an arthroscopic subacromial decompression procedure dated 02/03/2012 and shoulder manipulation under anesthesia on 06/28/2012. The patient likely received some therapy following this surgery. However, review of the reports do not show that there is evidence of any physical therapy over the last 12 months or so. One cannot tell how therapy has been helpful in the past. In this case; however, the treater documents a flare-up of shoulder pain with some subjective weakness. The guidelines allow for eight to ten (8-10) sessions for myositis/myalgia type of problems. Recommendation is for authorization.