

<b>Case Number:</b>	CM13-0019341		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Internal Medicine 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 injured worker is a 40 year old male who reported injury on 03/07/2013, related to a fall. Diagnoses included impingement syndrome of the left shoulder, and acromioclavicular arthrosis of the left shoulder. The past treatments included physical therapy and ibuprofen. Diagnostic studies included an MRI of the lumbar spine dated 06/20/2013, an MRI of the left shoulder dated 06/20/2013, and an EMG dated 06/20/2013. The progress note, dated 12/20/2013 noted the injured worker complained of 4/10 left shoulder pain, decreased from 8/10 with medication. The physical exam revealed sub acromial tenderness, positive impingement sign, abduction to 160 degrees, and flexion to 170 degrees. Medications included ibuprofen. The treatment plan requested a left shoulder cortisone injection, acupuncture, and to continue ibuprofen. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for physical therapy for twelve (12) sessions to the left shoulder and lumbar spine:** 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): 98-99.

**Decision rationale:** The request for physical therapy for twelve sessions, to the left shoulder and lumbar spine is not medically necessary. The injured worker had documented left shoulder pain in December of 2013, for which physical therapy was provided. There was no more recent documentation provided. The California MTUS guidelines recommend physical therapy to restore flexibility, strength, endurance, function, and range of motion. The guidelines recommend 9-10 visits over 8 weeks as well as continuing active therapies at home as an extension of the treatment process. The documentation provided for review indicates the injured worker has attended physical therapy. The number of visits attended, and the outcome of the therapy was not documented. There were no measurable functional limitations indicated within the documentation. The requesting physician did not provide a recent clinical note with an adequate assessment of the injured worker's current condition. Due to the lack of documentation of functional limitations, the lack of documentation of previous therapy, and the lack of documentation of the efficacy of previous therapy, the request for 12 sessions of physical therapy would be excessive and unfounded at this time. Therefore, the request is not medically necessary.