

<b>Case Number:</b>	CM13-0019869		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	07/31/2013
<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 Physical Medicine & Rehabilitation 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 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 patient is a 50-year-old male who reported an injury on 04/24/2012. The mechanism of injury was noted to the patient was lifting the hood of his truck up, and a gust of wind caught beneath the hood and pulled it up forcefully, causing the patient's right arm to be pulled up in air. The documentation of 07/17/2013 revealed the patient had 1 session of physical therapy and was due to return. However, the patient opined it was not very helpful and had aggravated some of his issues. The patient had pain of the superior scapular region in the right, and hypoesthesia in the radial 3 digits of the hand. The patient's diagnoses were noted to include degenerative disc H&P foraminal stenosis, worse at C5-6 and C6-7 with radiculopathy. The recommendation was for continuation of physical therapy. The patient's diagnoses were noted to be cervicalgia and sprain of the rotator cuff.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PHYSICAL THERAPY 2 X WEEK FOR 4 WEEKS TO THE NECK AND RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines indicate that physical medicine with passive therapy can provide short-term pain relief during the early phases of pain treatment, and are directed at controlling symptoms such as pain, inflammation, and swelling. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated that the patient had rotator cuff surgery on 04/24/2012 and had completed 24 sessions of physical therapy for rehabilitation. The patient indicated that therapy had not been helpful. There was a lack of documentation indicating the patient had objective functional deficits to support ongoing therapy. Given the above, the request for further outpatient physical therapy to the neck and right shoulder is not medically necessary.