

<b>Case Number:</b>	CM13-0020512		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 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 48-year-old male with a reported date of injury on 08/21/2013. The patient had constant, sharp shoulder pain, increased with driving, over head activities, left greater than right, with a positive Speed's test, and a positive Yergason's test on the left. The patient had diagnosis of left shoulder rotator cuff syndrome, left shoulder tendonitis, and left subacromial bursitis. The provider's treatment plan included a request for physical therapy 2 times per week for 4 weeks.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines note, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or

without mechanical assistance or resistance and functional activities with assistive devices. Pain relief is often a patient's first concern. Nonprescription analgesics may provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (i.e., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added. Instruction in home exercise, except in cases of unstable fractures, acute dislocations, instability or hypermobility, patients can be advised to do early pendulum or passive ROM exercises at home. Instruction in proper exercise technique is important, and a few visits to a good physical therapist can serve to educate the patient about an effective exercise program. Per the provided documentation, it appeared the patient has attended physical therapy; however, it was unclear how many sessions of therapy the patient has attended to date. Within the provided documentation, the requesting physician did not include an adequate and complete assessment of the patient's current objective functional condition in order to demonstrate objective functional deficits needing to be addressed with physical therapy. Therefore, the request for physical therapy 2 times per week for 4 weeks is neither medically necessary nor appropriate.