

<b>Case Number:</b>	CM13-0022216		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 and Rehabilitation, and is licensed to practice in Illinois. 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 51-year-old male who reported an injury on 11/08/2012. The mechanism of injury was not provided in the medical records. The patient was diagnosed with impingement syndrome, distal clavicle arthrosis, osteoarthritis, glenohumeral joint, partial rotator cuff tear, glenoid labral tear, and loose body, right shoulder. The patient's symptoms include difficulty with gripping and grasping activities, as well as picking up objects as a result of pain in his biceps tendon. Physical exam findings of his right shoulder show forward flexion to 165 degrees, abduction of 155 degrees, internal rotation to L5, and manual muscle testing was noted to be a 4+/5 in all planes. IMR DECISION(S) AND RATIONALE(S) The Final Determination was based on decisions for the disputed items/services set forth below: 1. PHYSICAL THERAPY, 2 TIMES A WEEK FOR 6 WEEKS, FOR THE RIGHT SHOULDER IS NOT MEDICALLY NECESSARY AND APPROPRIATE. The Claims Administrator based its decision on the Non-MTUS Citation: ODG PHYSICAL THERAPY GUIDELINES. The Expert Reviewer based his/her decision on the MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, PAGE 99. The Expert Reviewer's decision rationale: According to the California Guidelines, physical therapy allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine in the condition of myalgia and myositis, unspecified is recommended at 9-10 visits. Given, the patient underwent surgery in May 2013, the absence of documented exceptional factors and details' regarding functional gains made in post-operative physical therapy was not provided. Therefore, additional therapy is not supported.

[REDACTED]

[REDACTED]

[REDACTED]

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **PHYSICAL THERAPY, 2 TIMES A WEEK FOR 6 WEEKS, FOR THE RIGHT SHOULDER: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PHYSICAL THERAPY

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

**Decision rationale:** According to the California Guidelines, physical therapy allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine in the condition of myalgia and myositis, unspecified is recommended at 9-10 visits. Given, the patient underwent surgery in May 2013, the absence of documented exceptional factors and details' regarding functional gains made in post-operative physical therapy was not provided. Therefore, additional therapy is not supported. Given the above, the request for physical therapy, 2 times a week for 6 weeks, for the right shoulder is non-certified