

<b>Case Number:</b>	CM13-0026031		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	08/19/2010
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Family Practice 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.

### 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 45-year-old male who reported an injury on 09/19/2010. The patient was reportedly injured while taking a violent offender into custody. The patient has been previously treated with physical therapy. The patient reported right shoulder pain and compensatory left shoulder pain. The patient's physical examination revealed positive tenderness over the greater tuberosity, positive crossover testing, and 5/5 motor strength to all muscle groups. Treatment recommendations included a course of physical therapy, 3 times a week for 6 weeks

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED PHYSICAL THERAPY FOR THE BILATERAL SHOULDERS 2 TIMES A WEEK TIMES 4 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9-10.

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

**Decision rationale:** California MTUS Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has participated in a course of physical therapy. The

patient's physical examination revealed normal range of motion and 5/5 motor strength in bilateral shoulders. The medical necessity for ongoing treatment has not been established. Therefore, the request is non-certified.