

<b>Case Number:</b>	CM13-0032262		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/06/2002
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 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 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 72-year-old injured worker who reported an injury on 06/06/2002. The patient is diagnosed with chronic low back pain, chronic right knee pain, chronic neck pain, multilevel degenerative disease and scoliosis, chronic right shoulder pain, and chronic left shoulder pain. The patient was seen by [REDACTED] on 11/26/2013. Physical examination was not provided. Treatment recommendations included continuation of current medication and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for four weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment 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 fading of treatment frequency plus active self-directed home

physical medicine. Official Disability Guidelines state treatment for a sprained shoulder includes 10 visits over 8 weeks. The latest physical examination of the right shoulder is documented on 09/04/2013 by [REDACTED]. Physical examination revealed 90 degree abduction, 100 degree forward flexion, and clicking. A previous request for physical therapy twice per week for 6 weeks for the patient's right shoulder was submitted on 06/24/2013 by [REDACTED] as well. Documentation of a previous course of therapy with treatment duration and efficacy was not provided for review. The request for physical therapy twice a week for four weeks for the right shoulder is not medically necessary and appropriate.