

<b>Case Number:</b>	CM13-0033028		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Orthopedic Surgery 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 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:

This is a 48-year-old female who injured her left upper extremity including the shoulder in a work-related accident on 10/16/12. The records provided for review document that conservative treatment has included an aggressive course of outpatient physical therapy. In June, 2013, the claimant subsequently underwent left wrist arthroscopy, TFCC debridement, and first and second dorsal compartment releases. Specific to the claimant's shoulder, the report of an MRI scan demonstrated tendinosis of the rotator cuff. The 10/29/13 progress report documented that left shoulder range of motion was to 175 degrees of forward flexion, 150 degrees of abduction, with improved strength. It was noted at that time that six recent sessions of physical therapy had helped improve function. There is a request for nine additional sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**#2 PHYSICAL THERAPY FOR THE LEFT SHOULDER: 3 TIMES 3 QTY: 9:** Upheld

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

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

**Decision rationale:** Based on Chronic Pain Guidelines, continuation of physical therapy for an additional nine sessions would not be indicated. This individual has made good progress in terms of overall strength and function as of the last clinical assessment after having undergone a recent course of six physical therapy sessions. In the chronic setting, Chronic Pain Guidelines support no more than 9-10 visits for an acute symptomatic flare of underlying chronic conditions. Given the documentation of recent therapy already provided, the continuation of nine additional sessions at this point in time would not be indicated. Therefore is not medically necessary.