

<b>Case Number:</b>	CM13-0035150		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/12/2010
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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:

The patient is a 57 year old claimant with industrial injury 10/12/10. Exam note dated 9/20/13, demonstrates tenderness over the bilateral trapezius muscles, right subacromial tenderness and bilateral bicipital area. Exam notes that there are impingement signs bilaterally. Exam demonstrates right shoulder range of motion to abduction is 150 degrees, external rotation is 50 degrees and internal rotation is 65 degrees. Claim notes that 19 visits of physical therapy have been completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY QUANTITY EIGHT TO THE RIGHT SHOULDER: Upheld**

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend 9-10 visits of physical therapy for the claimant's condition. In this case the claimant has had 19 visits of physical therapy without demonstration of functional improvement.

Therefore, the request for physical therapy, quantity 8 to the right shoulder is not medically necessary and appropriate.