

<b>Case Number:</b>	CM13-0035760		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/26/2012
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Physical Medicine and Rehabilitation 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. 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 61-year-old female who reported an injury on 08/26/2012. The patient is diagnosed with unspecified derangement in the joint shoulder, anxiety, and lumbago. The patient was recently seen by [REDACTED] on 09/19/2013. Physical examination revealed tenderness to palpation and decreased range of motion in bilateral shoulders. Treatment recommendations included an MRI, an x-ray, and physical therapy twice per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 2x6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The 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. The Official Disability Guidelines state treatment for a sprained shoulder includes 10 visits over 8

weeks. As per the clinical notes submitted, the patient has previously participated in physical therapy. Documentation of objective measurable improvement was not provided. The patient continued to report persistent pain. Therefore, ongoing treatment cannot be determined as medically appropriate. Additionally, the current request for physical therapy twice per week for 6 weeks exceeds Guideline recommendations. As such, the request for Physiotherapy 2x6 is non-certified.