

<b>Case Number:</b>	CM13-0036870		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 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 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:

This patient is a 57-year-old, female with an initial date of injury of November 14, 2012. The diagnosis was right shoulder pain secondary to chronic repetitive work. The patient has been evaluated by [REDACTED], orthopedic surgeon, and diagnosed with bursitis/tendinitis of the shoulder. There is clear evidence in the medical records that the patient has undergone multiple episodes of physical therapy. This would then indicate that this request is for additional physical therapy. By the notes reviewed, physical therapy initially started on 11/30/12 with [REDACTED], physical therapist, at [REDACTED] Physical Therapy. According to the records, the patient has undergone 21 visits for her shoulder complaints. An MRI was performed on 8/28/13 which showed no rotator cuff tear, but mild fraying of the bursal surface of the infraspinatus tendon. There was a partial tear of the subscapularis tendon and degenerative joint disease of the acromioclavicular region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**six sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Based on current California MTUS Chronic Pain Guidelines, passive therapy can provide short-term relief during the early phases of pain treatment. It can help control symptoms such as pain, inflammation, and swelling. The California MTUS Chronic Pain Guidelines go on to say that active therapy is based on the philosophy that therapeutic exercises and/or activity are beneficial to restoring flexibility, strength, endurance, and function, as well as range of motion. Physical medicine guidelines allow for "fading of treatment frequency from up to three visits per week to one or less, plus active, self directed, home physical medicine." Under these same guidelines, diagnosis of myalgia or myositis would indicate nine to ten visits over eight weeks. Utilizing the current Official Disability Guidelines, ten visits for shoulder symptomatology would be warranted. Based on the clinical documentation submitted for review, six additional sessions of physical therapy is not medically necessary. This is based not on the idea that this is initial therapy, but on the fact that the patient has already gone through 21 visits of physical therapy; this far exceeds current California MTUS Guidelines. There is not any significant medical documentation indicating that there has been any new injury to the shoulder or any complaints of re-exacerbation of symptomatology. As such and based on the above noted guidelines, it does not appear medically necessary to proceed with six additional physical therapy visits.