

<b>Case Number:</b>	CM13-0037460		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 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 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 underlying date of injury in this case is 11/06/2012. The patient has been diagnosed with a rotator cuff syndrome. On 08/20/2013, the patient was seen in orthopedic followup. Range of motion was flexion 0-165 as well as abduction 0-170 and supraspinatus strength 5/5. The treating physician anticipated maximum medical improvement shortly and planned to advance the patient's level of physical activity at that time. By 10/01/2013, the patient was seen in followup. The range of motion was 0-170 degrees flexion and 0-175 degrees abduction. The patient was working full duty without restrictions. The treating physician requested additional physical therapy sessions to work on strengthening exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO TIMES PER WEEK FOR THREE WEEKS FOR THE LEFT SHOULDER:** 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 Physical Medicine Page(s): 99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends to allow for fading of treatment frequency with a transition to independent home rehabilitation. The medical records in this case indicate that this patient has done well with past treatment and would be anticipated to have transitioned to independent home rehabilitation. The medical records do not provide a rationale or indication for supervised physical therapy rather than independent home rehabilitation for the period under review. This request is not medically necessary.