

<b>Case Number:</b>	CM13-0042008		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Oklahoma and Texas. 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 injured worker is a 56-year-old female who reported an injury on 11/08/2012. The mechanism of injury was not stated. Current diagnoses include right middle finger contusion, right middle finger strain, left shoulder dislocation, left upper arm contusion, and status post left shoulder surgery. The injured worker was evaluated on 11/25/2013. The injured worker was status post surgery for a left shoulder strain and dislocation. The injured worker reported 90% improvement with near full range of motion without discomfort. Physical examination revealed 90% to 100% normal range of motion in all planes with very little discomfort. Treatment recommendations at that time included continuation of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three (3) times a week for four (4) 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 Section Page(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. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. The injured worker previously underwent left shoulder surgery on 05/14/2013. The injured worker has completed a previous course of physical therapy. However, there was no documentation of the previous course with evidence of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate.