

<b>Case Number:</b>	CM13-0042332		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/18/2005
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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, has a subspecialty in Pain Management, 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 is a male patient with a date of injury of 5/18/05. A 10/3/13 office note identifies neck and back pain with full range of motion of the right shoulder, pain at maximum flexion, maximum internal rotation, positive impingement, and positive AC. A note dated 10/16/13 references the 10/3/13 medical report and identifies subjective complaints including right shoulder painful about the anterior aspect. It also notes that the patient has not had any physical therapy, injections, or surgeries about the right shoulder. Objective examination findings were not noted. Diagnoses include right shoulder impingement syndrome. The treatment plan recommends an initial course of physical therapy and continued use of Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week for four weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The California MTUS supports up to ten physical therapy visits in the management of musculoskeletal conditions such as myalgia/myositis. Within the records

available for review, there is documentation of a painful shoulder with painful range of motion and positive impingement. It does not appear that any physical therapy focusing on the shoulder has been performed. However, the California MTUS does not recommend more than ten sessions, and there is no provision to modify the current request to a supported number of sessions. In light of the above issues, the currently requested 12 physical therapy visits for the right shoulder is not medically necessary.