

<b>Case Number:</b>	CM13-0043238		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/01/2003
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 patient is a 48-year-old male who reported an injury on 11/11/2005. The mechanism of injury was stated to be the patient was lifting a tank from a rolling cart and his glove got stuck and injured his left finger. The patient was noted to have left shoulder pain an 8/10 radiating to bilateral upper extremities, a positive apprehension, Neer's, Yergason's, and Hawkins test. The diagnosis was noted to be impingement of the left shoulder. The request was made for 8 sessions 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 2 times week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS Guidelines indicate that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for

myalgia and myositis. There was a lack of documentation indicating objective physical findings to support the necessity for physical therapy. There was a lack of documentation of the patient's range of motion. Additionally, there was a lack of documentation indicating the patient's prior physical therapy treatment. There was a lack of documentation of objective functional improvement and remaining functional deficits. The request as submitted failed to indicate the body part the physical therapy was for. Given the above, the request for Physical therapy 2 times week for 4 weeks is not medically necessary.