

<b>Case Number:</b>	CM13-0044726		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/30/2013
<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 Family Practice, and is licensed to practice in 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 59-year-old male who reported injury on 09/27/2012. The mechanism of injury was stated to be the patient was climbing out of a trailer when his right foot slipped off the bumper, and the patient was noted to fall backwards. The patient felt stretching of the right shoulder and felt his neck snap backwards. The patient was noted to have flexion of 120 degrees of the right shoulder, and abduction of 120 degrees, along with internal rotation of 60 degrees and external rotation of 70 degrees. The patient's diagnoses were noted to include status post arthroscopic subacromial decompression and partial distal claviclectomy, and open repair of the rotator cuff. The request was made for physical therapy 2 times a week x 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week times six weeks:** Upheld

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

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

**Decision rationale:** The CA MTUS states 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. The treatment is recommended with a maximum of 9-10 visits for myalgia. The clinical documentation submitted for review failed to provide the patient's objective functional response to physical therapy. Additionally, it failed to provide the number of sessions that the patient had participated in and the part of the body the therapy was being requested for. Given the above and the lack of documentation, the request for physical therapy 2 times a week x 6 weeks is not medically necessary.