

<b>Case Number:</b>	CM13-0045730		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/22/2009
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 & 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 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 54 year old female who reported a work injury on 09/22/2009. The mechanism of injury that was reported was a fall. The clinical note dated 03/05/2013 noted a left shoulder surgery on 2010/2012 with no improvement noted after left shoulder rotator cuff repair, subacromial decompression and coracoacromial ligament release. The patient's oral medications are listed as Norco and Lodine. The patient is noted to have constant pain in the cervical spine and both shoulders with occasional radiation of both hands. Activities of daily living increased the pain but it was noted that rest eases the signs and symptoms of pain. The clinical note noted there was occasional numbness in both wrists and hands without upper extremity sensory changes. Physical therapy notes dated 9/25/2013 stated that the patient reported that activities worsened the pain that was in shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stat physical therapy for the left shoulder (9 sessions):** Upheld

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

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

**Decision rationale:** The request for Physical therapy is not certified. The patient continues to report pain upon movement and exercise to bilateral extremities. There is no documentation provided regarding the effectiveness of the prior therapy to support additional therapy at this time. The CA MTUS guidelines for physical therapy states passive therapy can provide short term relief during the early phases of pain treatment with 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. As the submitted documentation failed to detail the number of sessions attended to date and failed to provide the efficacy of prior treatment, the request for additional therapy is not supported. Therefore, the request is non-certified.