

<b>Case Number:</b>	CM13-0046649		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	05/11/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 records presented for review indicate that this 52-year-old male was reportedly injured on May 11, 2013. The mechanism of injury was noted as being hit by a bicyclist. The most recent progress note, dated July 11, 2013, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated some tenderness along the posterior cervical spine. There were tenderness of the right shoulder acromioclavicular joint and the biceps tendon. There were also decreased right shoulder range of motion and positive impingement signs. Diagnostic imaging studies of the right shoulder showed a small full thickness tear of the rotator cuff without significant contraction. There were also degenerative changes of the acromioclavicular joint. Previous treatment included physical therapy. A request had been made for physical therapy of the right shoulder and cervical spine and was not certified in the pre-authorization process on September 18, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY CERVICAL SPINE AND RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98,99 of 127.

**Decision rationale:** According to the most recent progress note, dated 11 July 2013, the injured employee had been previously referred for physical therapy. There was no notation about the prior efficacy of this treatment. This information should be provided prior to requesting additional physical therapy for the right shoulder and cervical spine. Therefore, this request for physical therapy for the right shoulder and cervical spine is not medically necessary.