

<b>Case Number:</b>	CM13-0048954		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 claimant is a 27 year old female who was injured in a work related accident on October 19, 2012. The clinical records for review indicate injuries to the shoulders and cervical spine. The followup report November 8, 2013 indicated subjective complaints of neck pain with radiating pain to the shouylder with spasm. A review of the prior MRI scan showed tendinopathy and inner substance changes consistent with partial tearing to the supraspinatus from July 10, 2013. Objectively there was no findings noted. The claimant's working diagnosis was strain to the shoulder with partial thickness rotator cuff tearing. It is documented the claimant has attended greater than 25 session of physical therapy throughout the calendar year 2013. There is no indication of prior surgical process. At present, there is a specific request for continuation of physical therapy for 8 sessions to the claimant's right shoulder at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE SHOULDER (8 SESSIONS): Upheld**

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

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

**Decision rationale:** Based on the CA MTUS Chronic Pain Medical Treatment Guidelines continued physical therapy for the claimant's right shoulder is not indicated. CA MTUS states physical medicine can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Therapy can be recommended sparingly in the chronic setting for acute symptomatic flare. The claimant's current clinical presentation fails to give physical examination findings after completion of greater than 25 sessions in the course of therapy has occurred over the past calendar year. It is unclear at this stage in the claimant's clinical course why a transition to an aggressive home exercise program would not be appropriate, as recommended by guidelines. The acute need for 8 additional sessions of physical therapy at this time would not be medically necessary.