

<b>Case Number:</b>	CM13-0050031		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease 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 57-year-old female who reported a work-related injury on 06/09/2010 as result of a fall. Subsequently, the patient is status post a second operative procedure to the right shoulder indicative of a revision rotator cuff repair and biceps tenodesis as of 12/20/2012. The clinical note dated 10/14/2013 reports the patient presented under the care of [REDACTED]. The provider documents range of motion about the right shoulder was limited at 90 degrees flexion and 90 degrees abduction; left shoulder range of motion was 100 degrees flexion and 90 degrees abduction. The provider recommended continuation of physical therapy interventions to the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy with massage and cold laser treatment for the shoulder and back (6 sessions): 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:** The current request is not supported. The clinical documentation submitted for review reports the patient presents status post a work-related injury sustained in 06/2010 and subsequent surgical interventions performed about the right shoulder last having been performed in 12/2012. The clinical notes document the patient has undergone a recent course of physical therapy to include 12 sessions having been completed in 2013. At this point in the patient's treatment, assessment of the patient's continued course of treatment would be indicated. California MTUS states to allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active, self-directed home physical medicine. Given all of the above, the patient at this point in her treatment should be utilizing an independent home exercise program for her bilateral shoulders. Given all of the above, the request for authorization of PT with massage and cold laser treatments to bilateral shoulders and back x 6 is not medically necessary or appropriate.