

<b>Case Number:</b>	CM13-0050916		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/18/2013
<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 and 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 30-year-old female who reported a work related injury on 01/10/2013, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, right shoulder sprain/strain impingement, and left shoulder sprain/strain secondary to right shoulder symptomatology. The patient has completed over 12 sessions of physical therapy since her date of injury. The clinical note dated 10/03/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documented the patient, upon physical exam, presented with full range of motion of the bilateral shoulders. However, tenderness was noted throughout palpation of the acromioclavicular joints and biceps tendons bilaterally. The provider requested authorization for the patient to utilize physical therapy twice a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) times a week for four (4) weeks:** 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 as the clinical documentation submitted for review fails to evidence significant objective findings and symptomatology to support continued supervised therapeutic interventions for this patient. At this point in the patient's treatment, utilization of an independent home exercise program would be indicated, as the patient presented with full range of motion about the bilateral shoulders. The California MTUS indicates 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 the above, the request for physical therapy is not medically necessary or appropriate.