

<b>Case Number:</b>	CM13-0052199		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/18/2008
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 67-year-old female who reported an injury on 09/18/2008. The mechanism of injury was noted to be a fall. She is diagnosed with right shoulder impingement syndrome with rotator cuff tendonitis and left shoulder chronic sprain/strain with possible impingement syndrome. Her physical examination findings included decreased range of motion to the bilateral shoulders, positive impingement sign bilaterally, and decreased motor strength to the bilateral shoulders. A 09/18/2013 office note indicates that the patient had previously been treated with physical therapy for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two x a week for 3 weeks in treatment to the bilateral shoulder QTY 6.00:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, physical medicine is recommended at 9 to 10 visits over 8 weeks in the treatment of unspecified myalgia and

myositis. The clinical information provided for review indicated that the patient had previously been treated with physical therapy. However, details regarding the patient's objective functional gains made with previous physical therapy were not provided for review. Additionally, is unclear what her duration and number of visits were with her previous physical therapy treatment. In the absence of more details regarding the patient's previous physical therapy, the request is not supported. As such, the request is non-certified.