

<b>Case Number:</b>	CM13-0055219		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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, has a subspecialty in Interventional Spine 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 59-year-old male with a date of injury of 07/09/2013. A list of diagnosis per [REDACTED] dated 11/11/2013 are: 1) Sprain/strain of shoulder, rotator cuff tear, adhesive capsulitis, 2) Cervicalgia. According to report dated 11/11/2013 by [REDACTED], the patient presents with continued shoulder and upper back pain. Treater notes the patient has been to physical therapy and has "completed 9 sessions and has 3 remaining sessions." The patient reports some improvement with physical therapy and has noticed some improvement with his motion and has discontinued his sling. The patient was reevaluated by [REDACTED], who recommends additional 2 times 6 physical therapy sessions for patient's continued pain and stiffness in the shoulder with limited movement. Examination shows tender left cervical spine with upper trapezius spasms. Left shoulder was noted as tender in the anterior and lateral with atrophy. Flexion was noted as 90, abduction at 65, internal rotation at 30, external rotation at 45, extension at 25, and adduction at 35 degrees. Request is for continued physical therapy as per [REDACTED] for 12 additional physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Physical Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with shoulder and upper back pain. The treater requests an additional 12 sessions of therapy. Progress report dated 11/11/2013 by [REDACTED] indicates patient has completed 9 sessions thus far with 3 sessions remaining. For physical medicine, the MTUS Guidelines states for myalgia and myositis type symptoms recommendation is for 9 to 10 visits over 8 weeks. The request for 12 additional sessions exceeds what is recommended by MTUS Guidelines. Furthermore, it is recommended that patient continue the 3 remaining sessions to produce functional improvement before additional session are considered. Recommendation is for denial.