

<b>Case Number:</b>	CM13-0058075		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 58-year-old female with a date of injury of 08/29/2013. The listed diagnoses per [REDACTED] dated 10/14/2013 are: (1) Cervical spine sprain, (2) right shoulder sprain. According to report dated 10/14/2013 by [REDACTED], the patient presents with ongoing symptoms of a right shoulder pain. The patient notes discomfort when reaching overhead or sleeping on the right side. Physical examination of the right shoulder shows decreased range of motion, impingement is noted as positive, drop arm is negative, cross arm is positive. Radiographs were reviewed which revealed "AC (acromioclavicular) joint DJD (Degenerative Joint Disease) type 3 acromion with an osteophyte on an anterior downsloping acromion. The patient has AC joint arthrosis and calcium deposits." Further x-rays were reviewed which included an MRI (magnetic resonance imaging), which revealed a partial-thickness bursal side tear of the rotator cuff in the supraspinatus. No muscle atrophy or tendon retraction noted. There is an area of calcific tendinosis in the anterior edge of the distal supraspinatus. It was noted that patient has chronic right shoulder problems, and she has tried appropriate conservative treatment and continues to be symptomatic. The provider requests repeat injection and physical therapy x12 for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twelve (12) visits for the right shoulder:** Upheld

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

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

**Decision rationale:** The patient presents with continued right shoulder pain. The provider requests physical therapy sessions x12 for the right shoulder. For physical medicine, the MTUS recommends 9 to 10 sessions over 8 weeks for myalgia and myositis-type symptoms. The medical records indicate on report dated 10/08/2013 by [REDACTED] that patient has now completed 6 physical therapy sessions for the right arm. In this case, the provider request for 12 additional sessions exceeds what is recommended by MTUS Guidelines. The recommendation is for denial.