

<b>Case Number:</b>	CM13-0058105		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/12/2013
<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 61-year-old male with a date of injury of 02/26/2013. The listed diagnoses per [REDACTED] dated 10/16/2013 are: (1) Left shoulder acromioclavicular osteoarthritis and tendinitis of the supraspinatus, (2) rule out left upper extremity compression neuropathy, (3) right upper extremity extensor tendinitis. According to report dated 10/16/2013 by [REDACTED], the patient continues to complain of left hand/upper extremity pain and weakness. Examination of the left shoulder reveals positive impingement signs and decrease in range of motion. Left upper extremity neurologic examination was noted as unchanged. MRI (magnetic resonance imaging) of the left shoulder dated 09/24/2013 reveals osteoarthritis and supraspinatus tendinosis. The provider requests patient continue with physical therapy to include left shoulder and bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The patient presents with continued complaints of left hand/upper extremity pain with weakness. The provider requests additional 12 physical therapy sessions. For physical therapy medicine, the MTUS recommends 9 to 10 sessions over 8 weeks for myalgia and myositis and neuralgia-type symptoms. In this case, there are no physical therapy reports provided for review. However, utilization review dated 11/12/2013 indicates, "The patient has been authorized 24 sessions to-date under this claim." In addition, comprehensive orthopedic evaluation report dated 08/07/2013 indicates patient was seen at the [REDACTED] [REDACTED] in [REDACTED] and received 7 PT (physical therapy) sessions and "did not feel he is improving significantly." In this case, the patient has had physical therapy sessions with no indicates of marked functional improvement. The recommended 12 additional sessions exceeds what is recommended by MTUS Guidelines. The recommendation is for denial.