

<b>Case Number:</b>	CM13-0058348		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/11/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 expert 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 injured worker is a 47-year-old male who reported an injury on 05/18/2011 due to shoulder pain. The injured worker had reportedly undergone revision of a left rotator cuff repair with excision of the distal clavicle, and had a previous history of a massive tear of the right rotator cuff. The injured worker was evaluated on 10/29/2013 whereupon his left shoulder was improving after 24 sessions of physical therapy. The injured worker still had complaints of pain and weakness of the right shoulder with moderate stiffness and weakness with positive impingement signs of the right shoulder on examination and pain with range of motion. The impingement sign was positive on the left, with a current request for physical therapy at 2 times a week times 6 weeks 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 TIMES SIX WEEKS FOR THE LEFT SHOULDER:**

Upheld

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

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

**Decision rationale:** According to California MTUS Guidelines, active therapy is utilized for patients who would benefit from restoring flexibility, strength, endurance, function, range of motion, and for alleviating their discomfort. Patients are supported for 9 to 10 visits over 8 weeks for myalgia and myositis unspecified and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. The physician has requested 12 sessions of physical therapy for the left shoulder, which exceeds maximum allowance per physical therapy Guidelines under the California MTUS. The request cannot be supported at this time without having a rationale for excessive number of physical therapy. Therefore, the requested physical therapy is not medically necessary at this time.