

<b>Case Number:</b>	CM13-0058363		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Pain Management 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 35 YO male with a date of injury of 05/14/2013. The listed diagnoses per [REDACTED] dated 09/20/2013 are: 1. AC separation, Grade II -Grade III, left clinically and per x-rays 2. Fracture, left spine of the scapula 3. Crush injury, left shoulder 4. Infected hematoma, left humerus, currently being treated with wound VAC 5. Arthrofibrosis, left elbow and wrist 6. Arthrofibrosis, left shoulder, severe, with frozen shoulder 7. Sprain/strain of cervical spin 8. Ulnar nerve entrapment, left According to report dated 09/20/2013 by [REDACTED] patient presents with left shoulder and left proximal humerus pain. Patient had an injected hematoma of the left humerus which was treated with a wound VAC. Since then, wound has closed. Examination of the left shoulder showed severe adhesive capsulitis. The patient actively and passively can only revert to 20 degrees of abduction in the left shoulder. The patient's supination and pronation of the left forearm is severely restricted compared to the right side. Treater requests continuation of physiotherapy at 3 times per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic/Physiotherapy 3x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 57.

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

**Decision rationale:** This patient presents with left shoulder and left proximal humerus pain. Treater requests additional 18 physical therapy sessions as "it is felt this patient needs more aggressive physiotherapy." For physical medicine, MTUS guidelines page 98, 99 has the following, for Myalgia and myositis type symptoms recommendation is for 8-10 visits over 4 weeks. Medical records show that this patient has had 14 physical therapy sessions from 06/21/2013 to 07/25/2013. Another recent short course of 6 sessions were received between 09/12/2013 and 09/27/2013. This patient has received a total of 20 physical therapy sessions. The requested additional 18 sessions substantially exceeds what is recommended by MTUS guidelines. Recommendation is for denial.