

<b>Case Number:</b>	CM13-0058781		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 & Rehabilitation and is licensed to practice in Texas. 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 63-year-old male who reported an injury on 01/24/2013, from lifting. The 11/11/2013 clinic note reported a complaint of right shoulder pain. The note stated the injured worker had completed a course of therapy with benefit and was recommended additional sessions. On examination, he had tenderness to the right shoulder anteriorly and to the subacromial space with a positive impingement sign. His range of motion was 170 degrees flexion, 45 degrees extension, and 130 degrees abduction. The note reported an MRI, performed on 06/28/2013, which revealed a tear of the supraglenoid labrum with moderate degenerative arthritis of the acromioclavicular joint and bursitis. The 12/10/2013 clinic note reported persistent pain to both shoulders. The note stated the injured worker was unresponsive to conservative care and treatment. On examination, he had positive impingement sign bilaterally to the shoulders with range of motion described as 170 degrees upon flexion, 45 degrees extension bilaterally, 130 degrees abduction on the right and 150 degrees abduction on the left. He also had tenderness to the base of the cervical spine with 30 degree flexion and extension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2X3 RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend 9-10 visits of physical therapy for myalgia and myositis. The documentation submitted indicated the injured worker has completed previous physical therapy; however, outcomes from those sessions were not provided and efficacy cannot be determined. Additionally, the documentation states the injured worker was unresponsive to conservative care and treatment. The documentation submitted does not support the need for additional therapy at this time. As such, the request is not medically necessary and appropriate.