

<b>Case Number:</b>	CM13-0061131		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/17/1999
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 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 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 patient has filed a claim for right shoulder sprain associated with an industrial injury date of November 17, 1999. The utilization review from December 2, 2013 denied the request for physical therapy 3 x 6 weeks for the right shoulder due to exceeding physical therapy amount recommendations. The treatment to date has included 40 physical therapy sessions post operatively, medications, and shoulder surgery. The medical records from 2013 reviewed showing the patient undergoing right shoulder surgery in December 2011. The patient complains of persistent shoulder pain and stiffness in the morning with increased pain with activities. Physical exam demonstrated no gross instability with relatively fair range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 3 TIMES A WEEK FOR 6 WEEKS, FOR THE RIGHT SHOULDER:** Upheld

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

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

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, the patient is known to have had 40 sessions of post-operative physical therapy since the 2011 surgery. However, it is unclear if the patient is suffering from acute exacerbation of the chronic pain. The patient should be well versed in a home exercise program given the amount of physical therapy sessions he has had. Therefore, at the request for physical therapy is not medically necessary.