

<b>Case Number:</b>	CM13-0062737		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	11/18/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 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 underlying date of injury in this case is 11/18/2012. A prior request for physical therapy was noncertified on initial physician review due to insufficient documentation. On 12/23/2013, the treating orthopedist submitted a record review and supplemental report which supplemented his prior evaluation on 11/11/2013. The treating physician clarified the patient's presentation on 11/11/2013 with ongoing complaints of pain in her left shoulder. He concluded the patient had bilateral shoulder arthritis caused by continuous trauma as a result of her work as an exercise rider. He concluded that advanced degenerative joint disease was aggravated by the patient's work. Additionally, he noted that the patient was status post a left total shoulder replacement. Subsequently on 04/02/2014, the treating orthopedic surgeon noted the patient was status post left total shoulder replacement and had occasional soreness and difficulty raising her arm above her head with limited range of motion. The treating physician indicated he continued to await authorization for work conditioning and work hardening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 98, discuss the importance of a specific active exercise program individualized for a given patient. The current request does not describe the specific goals of therapy or frequency or duration, which would be necessary for such a specific prescription. Moreover, subsequent physician notes discuss a recommendation not for traditional physical therapy but rather for work conditioning and work hardening, which is distinct from physical therapy. Overall, this request is incomplete, and a guideline cannot be applied since it not clear what type of treatment is desired nor the frequency or duration or goals of such treatment. Given this limited information as requested, this treatment is not medically necessary.