

<b>Case Number:</b>	CM13-0064984		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Internal Medicine and Pulmonary Diseases 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 is a 69-year-old male who reported an injury on 10/29/2012. The mechanism of injury was not provided in the medical records. The patient was diagnosed with right shoulder rotator cuff tendon tear with retraction, right shoulder impingement syndrome, right shoulder glenohumeral synovitis. Physical examination of the right shoulder revealed a range of motion of abduction 85 degrees, flexion 85 degrees, internal rotation normal to T12, external rotation 10 degrees, and internal rotation 45 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 1X WEEK X 6 WEEKS FOR THE RIGHT SHOULDER:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, physical therapy allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine in the condition of myalgia and myositis, unspecified, at 9 to 10 visits. The most recent clinical note provided indicated the patient had improved range of motion and had reached a plateau. Given the patient was noted to have completed at least 7 physical therapy

sessions with documented functional gains, the specific number of sessions was not provided. Therefore, it is unclear whether the patient had exceeded the recommended 10 physical therapy sessions. In addition to that, exceptional factors would be needed to warrant further physical therapy. Given the above, the request for physical therapy 1 x Wk x 6 Wks right shoulder is non-certified.