

<b>Case Number:</b>	CM13-0067416		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/06/2013
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 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 suffered a work related injury to his left shoulder from a pulling event at work on 10/6/13. He was seen by his PTP and had shoulder x-ray, MRI, and P.T. of his shoulder. He had 6 session and requested an additional 12 sessions. A PT note was noted on 10/23/13 which said that the patient was able to move better following instruction and another PT note was seen from 11/8/13 which stated that the patient tolerated the RX well and was able to increase his exercise program by adding stretching exercises and also left shoulder strengthening exercises. The patient had a neurosurgical spine consultant with [REDACTED] on 11/18/13 who noted that the patient had tenderness on palpation and painful ROM of the shoulder. He noted that plain x-ray showed a small focus of calcification posterior to the greater tuberosity and possible calcific tendinitis. He also noted that an MRI noted trace AC joint degenerative changes and no rotator cuff tear. At around this time the PTP noted that the patient had received 6 PT treatments and requested an additional 12 PT visits. However, in early 12/13 the UR rejected this and stated that no evidence had been provided of benefit derived from the previous PT treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

**Decision rationale:** The patient had a benign MRI and no surgical pathology was noted. Therefore, treatment was on the basis of a conservative approach and PT was prescribed. He had a total of 6 treatments and an additional 12 treatments were requested. Both the AECOM and ODG guidelines recommend a short course of PT with instruction and emphasis on preparation to do therapeutic exercises at home. The AECOM recommends a few PT visits for education in an effective home exercise program. The ODG guidelines recommend 10 PT visits over a period of 8 weeks. The patient already had received 6 treatments and , therefore an additional 12 more PT sessions are not warranted.