

<b>Case Number:</b>	CM13-0067533		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	12/09/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 sustained an industrial injury on 8/29/11. X-rays from 4/26/13 demonstrate mild chronic changes in the elbows. Three views of the bilateral shoulder show type III acromion, plus 1 acromioclavicular joint and a 1 plus hands hung elevation on the left. MRI report from 5/28/13 of the left shoulder document the impression of no evidence for labral or rotator cuff tear. Exam notes from 11/18/13 demonstrate slow improvement with left shoulder pain and left elbow pain. Pain is not constant but is daily. The patient had 2 plus result on O'Brien's impingement test, also 1+ anterior and posterior instability. Motor strength was 5-/5 at infraspinatus and biceps while in supraspinatus, the motor strength was documented at 4/5. Decreased sensation to the lateral left C7/8 distribution. The patient was diagnosed with elbow medial epicondylitis, elbow arthraigia, instability of shoulder, sprain shoulder arm, and shoulder sprain and strain rotator cuff. Patient with 12 sessions of physical therapy to date. Request for additional physical therapy twice a week for the left shoulder quantity 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for additional physical therapy 2 times a week for 3 weeks for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder-Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder-Physical Therapy.

**Decision rationale:** In this case there is insufficient evidence of functional improvement with the initial 18 visits of physical therapy to warrant additional visits. The claimant has exceeded the recommended visits. Therefore determination is for non-certification.