

<b>Case Number:</b>	CM13-0072401		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Illinois. 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 injured worker is a 70 year old female who reported an injury on 06/19/2013 secondary to a fall. The clinical note dated 12/30/2013 reported the injured worker was status post healed fracture of the left proximal humerus. She complained of some stiffness in certain positions, especially internal rotation. She reported no significant pain. The physical examination reported no tenderness or swelling to the left shoulder with a range of motion to include abduction to 150 degrees, flexion to 160 degrees, and external rotation to 40 degrees. There was no treatment anticipated and the injured worker was released to regular duty. The injured worker completed 20 sessions of physical therapy from 07/24/2013-10/23/2013. The request for authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TIMES EIGHT VISITS FOR THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The request for physical therapy times eight visits for the left shoulder is not medically necessary. The injured worker has a history of a healed fracture of the left proximal humerus. According to the CA MTUS guidelines, physical medicine may be recommended up to 10 sessions of therapy in order to promote functional improvement. The clinical notes provided for review shows the injured worker has completed 20 of 24 visits recommended with increased functional improvement. While the documentation showed improvements to include less difficulty reaching behind head, ability to reach up, increased independence with home exercise program and ability to return to work, the request for eight sessions of physical therapy exceeds the amount recommended. Therefore, the request for physical therapy times eight visits for the left shoulder is not medically necessary.