

<b>Case Number:</b>	CM14-0001559		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Orthopedic Surgeon 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 injured worker is a 47-year-old female who reported a repetitive strain injury on 10/06/2011. The current diagnosis is adhesive capsulitis of the right shoulder with a partial rotator cuff tear, status post right shoulder arthroscopy on 04/19/2013. The injured worker was evaluated on 12/05/2013. Physical examination revealed 165 degrees forward elevation and 116 degrees abduction with mild weakness. Treatment recommendations at that time included an additional course of strengthening. A Request for Authorization was then submitted on 12/16/2013 for an additional 12 sessions of physical therapy for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY X 12 FOR THE RIGHT SHOULDER: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, CA MTUS,

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker has participated in a substantial amount of physical therapy. There is no documentation of a significant musculoskeletal or neurological deficit that would warrant the need for ongoing skilled physical medicine treatment. Chronic Pain Medical Treatment Guidelines, state treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.