

<b>Case Number:</b>	CM14-0001920		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/23/2009
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 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 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 utilization review in question is from December 2013. The claimant is a 47-year-old diagnosed as being status post left subacromial decompression surgery. The reviewer indicates that a recent clinical and functional assessment by the treating clinician was not included in the submitted reports. The most recent clinical documentation available for the review, is from a physical therapy evaluation and early December. This document indicates that the most recent operative intervention was in April 2012, and indicates that eight (8) physical therapy visits were attended from October 2013 to present. The reviewer indicates that there is no documentation regarding the effectiveness or course of treatment during the previous physical therapy sessions. The physical therapy document from December 2013, indicates that a previous MRI was negative, there was nothing in the right upper extremity until five (5) months ago when the claimant was cleaning the pool at home. The claimant has complaints of intermittent left shoulder pain and tightness across the shoulder. This has been worse since Thanksgiving when the claimant's son pulled on the arm while playing in the snow. Included in the documents for this review, is a clinical progress note from December 2013, which indicates that the left shoulder is doing well following the previous rotator cuff repair. It notes no abnormal findings on physical examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 PHYSICAL THERAPY VISITS FOR THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT INDEX, 11TH EDITION (WEB), 2013, SHOULDER CHAPTER, PHYSICAL THERAPY.

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

**Decision rationale:** The Chronic Pain guidelines support the use of physical therapy in the management of chronic pain. Based on the clinical documentation provided, the claimant recently completed a course of physical therapy and on the most recent clinical progress note presented with a normal examination. Additionally, there is documentation indicating that the most recent MRI was normal. As such, given the previous course of therapy, the normal examination, and the normal imaging study, the requested physical therapy is considered not medically necessary.