

<b>Case Number:</b>	CM14-0007838		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	01/25/2009
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Texas. 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 35-year-old male who sustained an injury to his right shoulder on 01/25/09. The mechanism of injury was not documented. The injured worker was diagnosed with right shoulder impingement syndrome and ultimately underwent surgical intervention on 02/16/13. The injured worker continued to complain of pain at 6/10 VAS. Physical examination noted range of motion of the right shoulder 170° forward flexion, 50° extension/adduction, 180° abduction, 80° internal/external rotation; manual muscle testing 4/5 throughout the shoulder. The injured worker was reported to have been participating in a home exercise program and is currently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT X12 TO THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Rotator Cuff Syndrome/Impingement Syndrome Page(s): 27.

**Decision rationale:** The request physical therapy times 12 visits for the right shoulder is not medically necessary. A peer review report dated 07/05/13 noted that a previous request for

physical therapy three times a week times four weeks for the right upper extremity was denied on the basis that the injured worker has had more than the recommended number of physical therapy visits and has already exceeded the CAMTUS recommendations of 24 visits over 14 weeks. There was no rationale provided as to why the injured worker is unable to perform a home exercise program for continued rehabilitation; therefore, the request was not deemed medically necessary. There was no additional significant objective clinical information provided that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for physical therapy times 12 visits for the right shoulder has not been established. The request is not medically necessary and appropriate.