

<b>Case Number:</b>	CM14-0102873		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Occupational Medicine 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:

Patient is a 61 year-old male with date of injury 10/12/2012. The medical document associated with the request for authorization, a primary treating physician's initial orthopedic comprehensive report, dated 05/16/2014, lists subjective complaints as pain in the right shoulder. Objective findings: Right shoulder range of motion: flexion 160 degrees, extension 35 degrees, abduction 150 degrees, adduction 35 degrees, internal rotation 65 degrees, external rotation 70 degrees. Impingement test was positive on the right. There was tenderness to palpation over the greater tuberosity of the right humerus. There was subacromial grinding and clicking of the right humerus. There was tenderness over the rotator cuff muscles on the right. Diagnosis: 1. Right shoulder sprain and strain, positive MRI tendinitis impingement, labral tear 2. Diabetes mellitus. MRI of the right shoulder, dated 04/06/2013, was notable for a low grade partial thickness articular-sided tear of the junction of the posterior supraspinatus and anterior infraspinatus tendon near the footprint on a background of mild supraspinatus and infraspinatus tendinosis. It was noted in the records that the patient has received prior treatments of physical therapy, but the frequency and duration was not listed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 sessions of Physiotherapy for the Right Shoulder:** Upheld

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

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

**Decision rationale:** The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. The claimant was previously authorized for 10 visits of physical therapy. There is no record of functional improvement. Therefore, the request for 18 sessions of physiotherapy for the right shoulder is not medically necessary and appropriate.