

<b>Case Number:</b>	CM14-0010074		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 10/13/2008. This patient's diagnoses are bilateral shoulder impingement with rotator cuff tendinosis and acromioclavicular degenerative joint disease without rotator cuff tear. This patient previously was certified for at least 24 physical therapy visits. On 12/25/2013, the patient was seen in orthopedic followup regarding bilateral shoulder pain. The patient reported she had no relief from injections. The treating physician reviewed the patient's initial injury, that she was exercising on a treadmill after a total knee replacement and the machine malfunctioned and she fell and injured her shoulders. The patient wished to proceed with nonoperative treatment of the shoulders including a subacromial cortisone injection. Previously on 12/03/2013, the treating physician referred the patient to physical therapy for evaluation/treatment three times a week x 6 weeks. At that time the orthopedist noted the patient had previously attended physical therapy. The orthopedist at that time recommends physical therapy at a different location.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY BILATERAL SHOULDERS 3 TIMES A WEEK FOR 6 WEEKS:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page 63 Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommend to allow for fading of treatment frequency and transition to active independent home rehabilitation. The treatment guidelines anticipate that this patient would have previously transitioned to such an independent home rehabilitation program. The medical records do not provide a rationale for additional supervised physical therapy other than a plan to try a different physical therapy center; however, the records do not contain specific rationale or goals or other direction for a different physical therapy center to suggest that the outcome would be different than previously or to suggest that there is a reason for additional supervised therapy as opposed to independent home rehabilitation. This request is not supported by the guidelines. This request is not medically necessary.