

<b>Case Number:</b>	CM14-0010588		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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:

This is a 42-year-old female with a date of injury of 7/12/13. Mechanism of injury was pushing a tall stack of heavy boxes approximately 7 feet tall. She felt a sudden pain at the neck and scapula, and was later evaluated at a clinic. She was initially diagnosed with a shoulder sprain/strain, and extensive conservative care was done, including medications, modified activity, injections and extensive PT. She had persistent symptoms, and an MRI was recommended. This showed a partial RTC tear. She was referred to an orthopedic specialist, and surgery was recommended given the failure of conservative care. Despite this, continued therapy was recommended. Total amount of PT sessions completed prior to deciding this patient was a surgical candidate is not disclosed. This was submitted to Utilization Review with an adverse determination rendered on 1/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (PT) x 8 right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Medicine Treatment.

**Decision rationale:** Guidelines recommend up to 10 sessions of PT for non-surgical care of this diagnosis. In this case, conservative care with PT was initiated, but due to persistent symptoms, an MRI was done and showed the patient to have a RTC tear. She was evaluated by an orthopedist who recommended surgery based on a failure of conservative care (including PT). Though the number of total PT sessions from the date of injury up to the orthopedic evaluation are not disclosed, the patient was noted to have failed PT with recommendation for surgery. There was no medical necessity for additional PT at that juncture versus doing a home exercise program prior to the requested surgery. PT x 8 for the right shoulder was not medically necessary.