

<b>Case Number:</b>	CM14-0017454		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	03/14/2011
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 48-year-old male with date of injury of 03/14/2011. The listed diagnoses per [REDACTED] dated 12/12/2013 are: 1. Lumbar sprain. 2. Left shoulder sprain. 3. Left radiculitis. 4. Depression. 5. Sexual dysfunction. 6. Insomnia. 7. Status post lumbar spine surgery, 2012 8. Status post L5-S1 fusion and discectomy. 9. Status post left shoulder surgery, 02/16/2013  
According to the report, the patient presents with left shoulder pain. The objective findings show there is a well-healed surgical scar on the left shoulder. Palpation of the acromioclavicular joint is tender. The range of motion of the left shoulder is restricted due to pain. The treater is requesting 8 physical therapy visits for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with left shoulder pain. The treater is requesting 8 physical therapy sessions for the left shoulder. The physical therapy report dated 09/04/2013 shows that the patient has completed 12 visits recently. In the same report, the patient tolerated the treatment with minimal complaints of pain and difficulty, increased range of motion was also noted. This patient is status post left shoulder surgery from 02/16/2013 and post-operative physical therapy guidelines do not apply. For the number of therapy treatments outside of postoperative period, the MTUS Guidelines page 98 and 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, the patient has already completed 12 physical therapy sessions. The patient should be able to start a home exercise program to improve range of motion and flexibility. Recommendation is for denial.