

<b>Case Number:</b>	CM14-0114320		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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, 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 59 years old male with an injury date on 07/09/13. Based on the 06/30/14 progress report provided by [REDACTED], the diagnoses are 1. Sprain/Strain Shoulder 2. Tendinitis/Bursitis Shoulder 3. Internal Derangement Shoulder. According to this report, the patient complains of tenderness over the left shoulder and ROM was at 145-degree flexion, 125-degree abduction, 80-degree internal rotation, and 60-degree external rotation. There were no other significant findings noted on this report. The utilization review denied the request on 01/11/14. [REDACTED] is the requesting provider, and he has provided the treatment reports from 02/17/14 to 06/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 4 weeks for Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** According to the 06/30/14 report by [REDACTED], this patient presents with tenderness over the left shoulder. The treater is requesting for 12 physical therapy sessions. The utilization review denial letter states, "Medical necessity is not established." MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. In this case, there was no indication of patient's declined function or a flare-up of symptoms but there is such discussion. The treater does not discuss the patient's treatment history or the reasons for requesting additional therapy. No discussion was provided as to why the patient is not able to perform the necessary home exercise. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Finally, the treater's request for additional 12 sessions exceeds what is recommended by MTUS. Recommendation is for denial.