

<b>Case Number:</b>	CM14-0158988		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 36-year-old male with a date of injury of 05/14/2013. The listed diagnoses per [REDACTED] are: 1. Adhesive capsulitis, improving. 2. Left shoulder pain. According to progress report 08/08/2014, the patient presents with continued left shoulder pain. The patient has been doing his home exercise program and has been utilizing a cream for his dermatitis. Treater states the patient continues with home exercises because of his adhesive capsulitis. Examination revealed "he has obvious damage to the musculature." Range of motion was noted as improving. Forward flexion is 100 degrees, abduction is 90 degrees, external rotation is 35 degrees, and internal rotation is 25 degrees. The treater recommends the patient continue with physical therapy for 3 times a week for the next 4 weeks. Utilization review denied the request on 09/16/2014. Treatment reports from 04/03/2014 through 08/08/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED PHYSIOTHERAPY 3 X4 TO LUE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

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

**Decision rationale:** This patient presents with continued left upper extremity complaints. Treater states that the patient has adhesive capsulitis and brachial plexus stress injury, and unfortunately, this is not a situation where a short course of therapy is going to "fix it." The treater is requesting continuation of physical therapy 3 times a week for 4 weeks. For physical medicine, the MTUS Guidelines page 98 and 98 recommends for myalgia, myositis type symptoms 9 to 10 sessions over 8 weeks. Physical therapy progress reports note that the patient has participated in 12 physical therapy sessions between 09/15/2013 and 03/27/2014. In this case, the treater's request for 12 additional sessions with 12 sessions already received exceeds what is recommended by MTUS. Recommendation is for denial.