

<b>Case Number:</b>	CM14-0025723		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Family Practice 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 61 year old male claimant who sustained a work related injury on 8/4/13 involving the shoulders. He has a diagnosis rotator cuff syndrome and shoulder impingement. He underwent shoulder surgery including debridement and rotator cuff repair in September 2013. Post-operatively, he received 32 treatments of physical therapy. A progress note on 2/7/14 indicated the claimant had 0/10 shoulder pain except with shoulder overhead movements. Physical findings included flexion up to 170 degrees and abduction up to 180 degrees. He was to continue with his regular work status, take Tylenol for pain, and continue additional 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL 12 PHYSICAL THERAPY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 203-212.

**Decision rationale:** According to the MTUS/ACOEM guidelines, physical therapy is intended for initial education which is to be continued in a home exercise setting. Passive modalities by a therapist are not recommended. According to the MTUS guidelines: "Physical Medicine

Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks."In this case, the claimant received treatments that exceeded the amount recommended by the above guidelines. The most recent exam did not indicate need for additional 12 sessions of therapy. Therefore, the request for additional 12 physical therapy is not medically necessary and appropriate.