

<b>Case Number:</b>	CM14-0027722		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/22/2010
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Medicine and is licensed to practice in Arizona. 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 57 year old woman with a date of injury on 10/22/2010. Diagnoses include chronic pain syndrome, myofascial pain syndrome, lumbar facet syndrome, and rotator cuff syndrome. Subjective complaints are of left shoulder pain and difficulty lifting the left shoulder. Physical exam showed decreased left shoulder flexion, and positive Hawkin's and Neer's test. The patient had previously had 8 physical therapy sessions, with 2 additional sessions certified to allow for transition to self-directed therapy. Submitted request is for 8 additional therapy sessions for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY X 8 FOR THE LEFT 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): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SHOULDER, PHYSICAL THERAPY.

**Decision rationale:** CA MTUS guidelines recommend allowing for fading of treatment, plus active self-directed home physical medicine. For myalgia/myositis 9-10 visits over 8 weeks is

recommended. For rotator cuff impingement, the ODG recommends 10 visits over 8 weeks for medical therapy. The patient has already been certified for 10 visits for the left shoulder. Therefore, an additional 8 sessions would exceed guideline recommendations, and the medical necessity is not established.