

<b>Case Number:</b>	CM14-0032763		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 and is licensed to practice in Alabama. 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 who was injured on 09/09/2013. He sustained an injury when he pulled a tree trunk out of the ground which had a clothes line attached to the trunk. He pulled the tree trunk when his hand got caught in the clothes line and his thumb was amputated. The mechanism of injury is unknown. Prior treatment history has included aquatic therapy and 16 sessions of physical therapy. The patient received a right lumbar L4-5, L5-S1 foraminal epidural injection. Ortho note dated 01/16/2014 indicates the patient complains of right shoulder pain with overhead reaching, as well as stiffness and soreness. On exam, he is tender to palpation over the subacromial, anterior and biceps areas on the right. Range of motion of the right shoulder is with flexion to 90 degrees, abduction to 70 degrees; adduction to 50 degrees; internal rotation to 60 degrees and external rotation to 90 degrees. He has positive impingement sign on the right. deep tendon reflexes are 1+. Diagnostic impression is right shoulder rotator cuff tear, right thumb distal phalanx amputation, right small finger laceration, and unrelated right index PIP joint fusion. The patient has been recommended physical therapy to strengthen function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy, 2 times weekly for 4 weeks, right shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

**Decision rationale:** The ODG recommends the use of physical therapy for the treatment of conditions that need improvement in pain, range of motion, strengthening, etc. The medical records document that the patient has completed a session of physical therapy in January. Further, the documents show that the patient does have some limitations in abduction and forward flexion at 50 degrees each. There is no evidence that the patient has had a trial of intraarticular corticosteroid injection to supplement the physical therapy. Home exercise and rehabilitation would be appropriate in this case. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.