

<b>Case Number:</b>	CM14-0033867		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/01/2008
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 injured employee is a 62-year-old female was reportedly sustained a work-related injury on November 1, 2008. The stated mechanism of injury is not reported in the records reviewed. The most recent medical note available as dated January 30, 2014. On this date the injured employee had complaints of left shoulder pain. The physical examination on this date noted decreased tenderness over the posterior aspect of the left shoulder as well as decreased crepitus. The injured employee had recently completed eight visits of physical therapy for the left shoulder. There was a diagnosis of status post left shoulder rotator cuff repair and myofascial strain of the trapezius. Continued participation in physical therapy was recommended. There was a request for 12 visits of physical therapy which was not certified on February 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the left shoulder (2x6): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page 58 of 127 Page(s): 58 OF 127.

**Decision rationale:** According to the medical record, the injured employee has had numerous visits for physical therapy and chiropractic care for the treatment of left shoulder pain. Additionally the medical note dated January 30, 2014, as noted improvement from prior physical therapy. At this point the injured employee should be well-versed to what is expected of physical therapy for the left shoulder and should be able to continue this on her own with a home exercise program. This request for 12 sessions of physical therapy for the left shoulder is not medically necessary.