

<b>Case Number:</b>	CM14-0036836		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Pain Management 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:

This is a patient with a date of injury of 3/28/12. A utilization review determination dated 2/13/14 recommends non-certification of PT. 11/20/13 medical report identifies prior treatment including physical therapy. The patient complains of right shoulder pain, mainly anteriorly. On exam, there is limited ROM, supraspinatus resistance test 4+/5, ER at side 4+/5, Speed test positive, and tender biceps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT Scapula Based Rehab Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Physical Medicine Page(s): 98-99.

**Decision rationale:** Regarding the request for physical therapy scapula based rehab right shoulder, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, although there is no indication of when the physical therapy was utilized or the outcome in terms of functional improvement from those sessions. Current deficits

are mild strength and ROM deficits and there is no documentation as to why they cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the number of sessions proposed is not documented and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy scapula based rehab right shoulder is not medically necessary.