

<b>Case Number:</b>	CM14-0041207		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 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 injured worker is a 39-year-old male with a reported date of injury of April 05, 2013. The mechanism of injury is described as a right side pectoralis muscle injury while performing customary duties as a correctional officer. The principal diagnosis is open wound of ocular adnexa (870.9). The injured worker underwent surgery to repair a possible tear of the pectoralis major tendon on April 26, 2013; however, surgical exploration noted some muscle tearing which could not be repaired. A progress note dated March 05, 2014 reflects the right shoulder has a well-healed surgical scar at the anterior aspect. Muscular atrophy and continued complaints of right shoulder pain is noted. Treatment to date included physical therapy, ultrasound massage, and therapeutic exercise three times per week for four weeks. A note dated March 5, 2014 indicated the injured worker has returned to full duty work. Ten sessions of physical therapy was certified on a prior utilization review determination dated March 20, 2014 to improve functional mobility of daily activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** As per CA MTUS Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9-10 visits for myalgia and myositis. There is no documentation of any significant improvement in pain level, strength and range of motion with prior therapy to demonstrate its effectiveness. Furthermore, additional physical therapy visits would exceed the guideline recommendations. Thus, there is no documentation to show any functional improvement with prior physical therapy and the request for ten sessions exceeds the guideline recommendation, the request is considered not medically necessary.