

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0056296 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 07/22/2009 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 04/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/25/2014 |

### 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 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 74 year-old male who sustained an injury on July 22, 2009. He is diagnosed with right shoulder pain with limited motion, acromioclavicular joint pain and calcification, trapezius strain due to overloading, and status post right shoulder surgery without improvement. He was seen on January 9, 2014. He complained of right shoulder pain. History revealed that at the time of the injury, the injured worker was then referred to an industrial physician and was treated with physical therapy. An orthopedic consultation and a magnetic resonance imaging (MRI) scan were done. This eventually led to a right shoulder surgery. He attended sessions of physical therapy but remained symptomatic. An examination revealed a well-healed scar over the acromioclavicular joint. Tenderness was present over the acromioclavicular joint and impingement sign was positive. The injured worker's range of motion of the right shoulder was limited. A magnetic resonance (MR) arthrography of the right shoulder was performed on January 13, 2014. Findings revealed postsurgical metallic artifact along the supraspinatus tendon insertion, subtle attenuation of articular fibers of the anterior border of the infraspinatus, subscapularis tendinosis and intrasubstance fluid signal superiorly, proximal biceps tendinosis, and glenohumeral joint osteoarthritis including diminutive/frayed appearance of the posterior and superior labral margins.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x a week x 4 weeks Right Shoulder: Upheld**

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

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

**Decision rationale:** According to the medical records provided for review, the injured worker underwent physical therapy to the right shoulder post surgery and after receipt of cortisone injections. There was lack of documentation of the injured worker's response to previous sessions of therapy. Hence, its necessity was not established. More so, the MTUS Chronic Pain Guidelines recommends eight to ten visits only in a period of eight weeks. Proceeding with the 12 sessions of physical therapy is not medically necessary at this point.