

<b>Case Number:</b>	CM14-0056665		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/03/2007
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Nevada. 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 records, presented for review, indicate that this 52-year-old individual was reportedly injured on July 3, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 27, 2014, indicated that there were ongoing complaints of bilateral shoulder pain. The physical examination demonstrated bilateral shoulder, elbow, wrist, and finger motor strength 5/5 equal bilaterally; bilateral hip, knee, ankle, and toe motor strength 5/5 equal bilaterally, numbness in both hands right greater than left. MRI of the left shoulder on January 31, 2014 revealed distal supraspinatus tendon partial thickness tear, and no displacement or evidenced impingement noted. Previous treatment included previous surgery, physical therapy, and medications. A request was made for physical therapy of the right shoulder one time a week for five weeks (total of five sessions) and was not certified in the preauthorization process on March 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right shoulder once weekly for five weeks:** 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, 98, 99 of 127 Page(s): 98, 99 of 127.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of ten visits. The claimant has multiple chronic complaints, and review, of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent previous unknown sessions of physical therapy. In the absence of clinical documentation to support additional visits, the request for physical therapy for the right shoulder once weekly for five weeks is not medically necessary or appropriate.