

<b>Case Number:</b>	CM14-0060777		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/20/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Interventional Spine 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 patient is a 66 year old male with an injury date on 07/02/2013. Based on the 03/18/2014 progress report provided by [REDACTED], the diagnosis is status post arthroscopic two tendon repair with Mumford and biceps tenotomy on 10/18/2013. According to this report, the patient complains of right shoulder pain. Physical exam indicates the patient has "good motion" of the right shoulder. The patient can achieve normal motion with minimal assist. There were no other significant findings noted on this report. The utilization review denied the request on 03/31/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/15/2013 to 03/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy two times a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Excessive Therapy Page(s): 98-99, 8.

**Decision rationale:** According to the 03/18/2014 report by [REDACTED] this patient presents with right shoulder pain. The provider is requesting additional 12 sessions of physical therapy.

The patient is status post arthroscopic two tendon repair with Mumford and biceps tenotomy on 10/18/2013 and is outside of post-surgical time-frame and for therapy treatments. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of reports show the patient has had 26 sessions of physical therapy from 11/05/2013 to 03/17/2014 with "good motion" of the right shoulder. The provider does not discuss the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the provider provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. Therefore, this request is not medically necessary.