

<b>Case Number:</b>	CM14-0063856		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 60 year old female whose date of injury is February 15, 2012, due to a slip and fall and landing on the left side with the left arm in an abducted position. The injured worker was noted to complain of neck pain, left shoulder pain, low back pain that radiates to bilateral lower extremities. The injured worker is noted to have a remote history of left shoulder surgery with rotator cuff repair done in December 1998, and a second left shoulder surgery in February 2006. Initial treatment for the 2012 injury included physical therapy, chiropractic, and medications. The records submitted indicate that the injured worker was authorized for 12 physical therapy visits on November 18, 2013 (2xwk x 6wks). Physical therapy progress note dated January 27, 2014 reports that the injured worker has completed 12 physical therapy visits, and she has been instructed in an independent home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two time per week for four weeks to the left shoulder.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Medicine Guidelines Rotator Cuff Syndrome/Impingement Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy.

**Decision rationale:** The ACOEM guidelines provide that instruction in proper exercise technique is important, and a few visits to a good physical therapist can serve to educate the patient about an effective exercise program. Official Disability Guidelines provide for up to 10 visits over 8 weeks for this injured worker's diagnosis. The injured worker already has had 12 physical therapy visits, with instruction in a home exercise program. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration or number of visits. the injured worker has had sufficient formal therapy, and nothing more than a home exercise program program is indicated at this time. Based on the clinical information provided, the request for physical therapy two time per week for four weeks to the left shoulder is not recommended as medically necessary.