

<b>Case Number:</b>	CM14-0069278		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 58 year old male with a work injury dated 12/19/11. The diagnoses include status post right shoulder arthroscopy with debridement and possible open rotator cuff repair on 6/14/13; lumbar strain and sprain; cervical strain and sprain; right shoulder strain and sprain; diabetes mellitus with history of poor control; and diabetic neuropathy; old injury and fracture of right thumb with pain and gripping. Under consideration is a request for additional physical therapy 1-2 x wk x 4 wks to Cervical/Lumbar/Right Shoulder. There is a primary treating physician report dated 12/4/13 that states that the patient has undergone extensive conservative treatment for injuries to his low back and right shoulder. He has responded well to surgical intervention of the right shoulder. At this time he has no findings of the thoracic spine. He does have some paraspinal spasms of the lumbar spine with slight loss of range of motion. His right shoulder examination is remarkable for multiple incisions and loss of range of motion in abduction, flexion and internal rotation. At this time it appears he has reached maximum medical improvement. The document states that future care for the patient may require access to pain medications should he have a flare up of his right shoulder and low back pain. He may also require brief courses of physical therapy. There is a 4/9/14 PR-2 report that states that on physical exam the patient has spasms, tenderness, and guarding in the cervical and lumbar spine. He has no neurological deficits. He has slight loss of range of motion in the right shoulder with slight subacromial tenderness. The plan was for physical therapy for his neck, back, and right shoulder on a two-time per week basis for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 1-2 x wk x 4 wks to Cervical/Lumbar/Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

**Decision rationale:** Additional Physical Therapy 1-2 x wk x 4 wks to Cervical/Lumbar/Right Shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had extensive therapy in the past. The documentation does not indicate evidence of functional improvement from these past sessions of therapy. The patient should be well versed in a home exercise program. The request for additional Physical Therapy 1-2 x wk x 4 wks to Cervical/Lumbar/Right Shoulder is not medically necessary.