

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0079364 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 12/22/2005 |
| <b>Decision Date:</b> | 09/23/2014   | <b>UR Denial Date:</b>       | 05/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/30/2014 |

### 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 58-year-old individual was reportedly injured on December 22, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 1, 2014, indicated that there were ongoing complaints of left shoulder and wrist pains. The physical examination was not reported. Diagnostic imaging studies objectified a tendinosis of the supraspinatus and no evidence of a labral tear. There were changes consistent with the previous surgery noted as well. Previous treatment included multiple medications, physical therapy, surgical intervention of the shoulder and pain management interventions. A request had been made for additional physical therapy and was not certified in the pre-authorization process on May 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** When noting the date of injury, the injury sustained, the surgery completed, the metaphysical therapy completed at the surgery and by the lack of any current clinical

physical examination denoting a functional loss, there is insufficient clinical evidence presented to support the need for additional physical therapy. In that physical therapy had been obtained, transition to home exercise protocol will although be supported at this time. Therefore, based on the clinical information presented, this is not medically necessary.