

<b>Case Number:</b>	CM14-0086939		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 55 year old with an injury date on 2/25/13. Patient complains of intermittent slight to moderate pain in the right shoulder, with pain located lateral and anterior, radiating down the arm but not below the elbow per 5/12/14 report. Patient had gradual onset of pain from repetitive activities performed at work, and has some night pain per 5/12/14 report. Based on the 5/12/14 progress report provided by [REDACTED] the diagnosis is impingement and proximal rupture, biceps tendon, right shoulder. Exam on 5/12/14 showed positive impingement signs only with good strength, and mildly reduced ROM. [REDACTED] is requesting physical therapy 2x3 right shoulder. The utilization review determination being challenged is dated 6/3/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/18/13 to 5/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times 3 to the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** This patient presents with right shoulder pain. The treater has asked for physical therapy 2 times 3 for the right shoulder on 5/12/14 to transition him to a home/gym exercise program. Review of the 4/14/14 physical therapy report shows patient had 19 treatments sessions for the shoulder with improvement. The only progress report to mention physical therapy is 3/19/14 which states patient is in therapy but number of session and progress not specified. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. The patient has already had 19 sessions of physical therapy, and when combined with 6 current requested sessions, the request would exceed what is allowed per MTUS. Additionally, the patient does not present with significant functional deficits, and should be able to transition to a home exercise program independently. The request is not medically necessary.