

<b>Case Number:</b>	CM14-0095330		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/07/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 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 56 year old male with date of injury 7/7/09. The treating physician report dated 5/15/14 is a hand written report that is difficult to decipher. There is documentation of flaring pain affecting the right shoulder with request for physical therapy 2x4. Examination of the shoulder reveals tenderness and impingement of the right shoulder. The current diagnoses are: Right shoulder sign and symptom, cervical spine sign and symptom, thoracic spine sign and symptom, Right carpal tunnel syndrome. The utilization review report dated 6/19/14 denied the request for PT 2x4 of the shoulder due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Right Shoulder 2x Wk for 4 Wks:** Overturned

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

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

**Decision rationale:** The patient presents with a flare-up of the right shoulder. The current request is for Physical Therapy Right Shoulder 2x Wk for 4 Wks. In review of the 60 pages of medical records provided there is documentation of a flare up of the knee that occurred on

1/14/14 and 8 PT sessions of the knee were certified. There is no documentation of the patient receiving any PT of the shoulder over the past 6 months. The MTUS Guidelines supports physical therapy and recommends 8-10 sessions for myalgia, myositis and neuritis type conditions. There is no documentation of any recent physical therapy treatments of the right shoulder and the treating physician has recommended 8 PT sessions to help with the patient's tenderness and impingement. Because of the documented flaring of the right shoulder, physical therapy would be appropriate is medically necessary.