

<b>Case Number:</b>	CM14-0095392		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/18/2014
<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, 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 47 year old female whose date of injury is 05/04/12. The injured worker was involved in a motor vehicle accident. Diagnoses are cervical sprain/strain, cervical spinal stenosis, status post surgery with residual radiculopathy, rotator cuff partial tear, type 2 acromion, subacromial bursitis, acromioclavicular joint osteoarthritis. Orthopedic consultation dated 06/02/14 indicates that she underwent cervical surgery in September 2012. On physical examination she has positive cross arm test, Hawkins and neer's. There is tenderness to palpation over the acromioclavicular joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Left Shoulder (6 Visits):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-.

**Decision rationale:** Based on the clinical information provided, the request for physical therapy for left shoulder (6 visits) is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto

submitted for review. It is unclear how many sessions of physical therapy the injured worker has completed to date, and there are no objective measures of improvement documented. CAMTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.