

<b>Case Number:</b>	CM14-0097392		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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:

This is a 63-year-old female who was injured in a work related accident on 02/12/14. The clinical records provided document a working diagnosis of supraspinatus tendon tearing of the right shoulder. The office note of 06/26/14 documented continued complaints of shoulder pain and physical examination showed 70 degrees of forward flexion with pain. There was no documentation of other physical examination findings. The report documents that the claimant has attended a significant course of physical therapy and that the six additional sessions of therapy recently obtained provided some benefit. There was no imaging reports for review. Based on the diagnosis of supraspinatus tendon tear, six additional sessions of physical therapy to the claimant's shoulder were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x3 for the shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Therapy (PT).

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, continued physical therapy for the claimant's shoulder would not be indicated. Records indicate since the time of February 2014 injury, this individual has undergone a significant course of formal physical therapy. There is documentation that the claimant was recently provided with an additional six sessions of therapy. Without discernible change in claimant's physical exam that still shows motion to only 70 degrees. The request for six additional sessions of therapy is not medically necessary and appropriate.