

<b>Case Number:</b>	CM14-0098630		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/07/2004
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care, 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 who was injured on June 07, 2004. The mechanism of injury is not listed, however the right shoulder was affected at the time of injury. Diagnoses are listed as rotator cuff syndrome and chronic pain syndrome. A progress noted dated May 19, 2014 noted continued complaints of of pain to the right shoulder. Treatment has included physical therapy, home exercise, and medication. A prior utilization review determination dated June 2, 2014 resulted in a modification to a request of twelve physical therapy sessions for the right shoulder down to two sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Right Shoulder x 12 sessions:** Upheld

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

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

**Decision rationale:** Given the Date of Injury in 2004, the claimant has had multiple sessions of physical therapy. No more recent injury is reported or documented but the current complaints are listed as a decline over time which alludes to a degenerative process and disease of life.

Furthermore the claimant should have been directed on a self directed Home Exercise Program (HEP) since the date of injury such that a formal monitored Physical Therapy should not be necessary. If the claimant has been non-compliant, then further monitored physical therapy would be detrimental as it reinforces therapist dependence. The previous reviewer modified the request to 2 sessions to recover a self directed Home Exercise Program. Therefore, this request is medically not necessary.