

<b>Case Number:</b>	CM13-0002618		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	10/08/2008
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	07/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 55-year-old male who reported injury on 10/08/2008. The mechanism of injury was cumulative trauma. The injured worker underwent a left shoulder arthroscopy with manipulation under anesthesia and was provided postoperatively with physical therapy and a Dynasplint. The documentation of 04/18/2013 revealed the injured worker was in for examination after his left shoulder arthroscopy with manipulation under anesthesia. The injured worker described pain and stiffness in the shoulder unchanging since the last visit. The injured worker continued to use his Dynasplint and more physical therapy was not approved. Active flexion was 120 degrees, external rotation 50 degrees, and internal rotation to L5. There continued to be pain with stressing of the supraspinatus and infraspinatus. The injured worker was tender throughout the parascapular muscles. Elbow range of motion was full. The neurologic examination revealed no focal motor deficits distally. The request was made for a second course of physical therapy. The diagnosis was rotator cuff tear. The physical therapy was 2 times a week for 6 weeks. There was no Request for Authorization submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy times 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone therapy. There was a lack of documentation indicating the quantity of sessions the injured worker underwent, and the objective functional benefit that was received. There was a lack of documentation of objective functional deficits to support the necessity for therapy. The request as submitted failed to indicate the body part to be treated with the 12 sessions of therapy. Given the above and the lack of documentation, the request for PHYSICAL THERAPY X 12 is not medically necessary.