

<b>Case Number:</b>	CM14-0209929		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 68 year old female with date of injury 10/29/13. The mechanism of injury is stated as cleaning cabinets. The patient has complained of right shoulder pain since the date of injury. She has been treated with physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the right shoulder. Diagnosis: rotator cuff rupture, right. Treatment plan and request: Additional Physical Therapy, 2 Times Weekly for 4 Weeks, Right Shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy, 2 Times Weekly for 4 Weeks, Right Shoulder:** Upheld

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

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

**Decision rationale:** The current request is for Additional Physical Therapy, 2 Times Weekly for 4 Weeks, Right Shoulder. Per the MTUS guidelines cited above, 9-10 visits for physical therapy over a period of 8 weeks are recommended for the treatment of myalgia and myofascial pain. The submitted medical documentation indicates that the patient has already been approved for 8

sessions of passive physical therapy on 11/4/14 and has not yet completed this physical therapy at the time of request for additional physical therapy. On the basis of the MTUS guidelines and available medical documentation, an additional 8 sessions of passive physical therapy is not indicated as medically necessary.