

<b>Case Number:</b>	CM15-0022761		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 47 year old male sustained an industrial injury on 3/5/15. He subsequently reports right shoulder pain. The injured worker underwent shoulder surgery on 10/18/13. Treatment to date has included post-operative physical therapy and prescription pain medications. On 1/5/15, Utilization Review non-certified a request for Therapy: PT (physical therapy) for the right shoulder. The Therapy: PT (physical therapy) for the right shoulder was denied based on MTUS Chronic Pain Medical treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapy: PT (physical therapy) for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** This 47 year old male has complained of right shoulder pain since date of injury 3/5/13. He has been treated with right shoulder arthroscopic surgery, medications and

physical therapy. He has completed 37 sessions of physical therapy as of the date of current request. 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 exceeded this amount of passive physical therapy. On the basis of the MTUS guidelines and available medical documentation, an additional physical therapy is not indicated as medically necessary.