

<b>Case Number:</b>	CM15-0036702		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	12/15/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 61-year-old female, who sustained an industrial injury on 12/15/13. The PR2 dated 3/6/15 noted that the injured worker has complaints of pain to her left deltoid on palpation and with movement. The documentation noted that she has had limited function and use of her arm. The diagnoses have included other affections of shoulder region, not elsewhere classified; rotator cuff syndrome and pain in limb. Treatment plan request if for physical therapy of her left shoulder and considering left shoulder arthroscopic surgery as the pain, limited range of motion, capacity to perform her job duties and activities of daily living are affecting her performance. According to the utilization review performed on 2/6/15, the requested Physical Therapy two times a week for six weeks (2x6) to the left shoulder has been non-certified. California Medical Treatment Utilization Schedule (MTUS), Physical Therapy was used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two times a week for six weeks (2x6) to the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

**Decision rationale:** Based on guidelines physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. There should be documented functional improvement. There should be a home exercise program. Based on the medical records there is no documentation that the patient has had improvement with previous physical therapy or if there is a home exercise program and thus not medically necessary.