

<b>Case Number:</b>	CM15-0059678		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	07/21/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Arizona, 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 was a 40-year-old male, who sustained an industrial injury, July 21, 2014. The injured worker was descending on a ladder, when it gave way; the injured worker had to support himself with the left arm, when the injured worker heard a snap crackle and pop. The injured worker previously received the following treatments physical therapy 12 sessions left upper extremity after surgery and home exercise program. The injured worker was diagnosed with left pectoralis major muscle tear and status post repair of pectoralis muscle. According to progress note of February 26, 2015, the injured workers chief complaint was intermittent moderate ache of the left shoulder and arm. The injured worker's pain level was 3 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted decreased range of motion of the left upper extremity and decrease grip to the left hand. The left shoulder was negative for impingement syndrome. The treatment plan included left shoulder physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks for the left shoulder:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- shoulder chapter and pg 27.

**Decision rationale:** According to the guidelines, post surgical therapy for the shoulder is limited to 24 sessions over 14-24 weeks. In this case, the claimant completed 12 sessions of therapy. There was note of recent pectoral repair and continued limited range of motion. The request for an additional 12 sessions of therapy is appropriate and medically necessary.