

<b>Case Number:</b>	CM15-0061158		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Preventive Medicine, Occupational 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 33 year old male, who sustained an industrial injury on 03/21/2014. He has reported injury to the right index finger, left shoulder, and left knee. The diagnoses have included sprain metacarpophalangeal joint; internal derangement knee; and left shoulder impingement syndrome. Treatment to date has included medications, diagnostics, and physical therapy. A progress note from the treating physician, dated 03/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of problems with lifting his left arm above the shoulder level; and the pain is constant with activity. Objective findings have included tenderness in the left shoulder subacromial, anterior, and biceps regions, with decreased range of motion; and left shoulder positive impingement sign. The treatment plan has included the request for physical therapy, for the left shoulder 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, for the Left Shoulder 12 visits, 3 x 4 week:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patient is currently working and has not exceeded the maximum allowable sessions for physical therapy stipulated by the MTUS. I am reversing the previous utilization review decision. Physical Therapy, for the Left Shoulder 12 visits, 3 x 4 week is medically necessary.