

<b>Case Number:</b>	CM14-0080783		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 51-year-old patient had a date of injury on 7/9/2012. The mechanism of injury was not noted. In a progress noted dated 4/17/2014, subjective findings included elbow pain right shoulder pain. On a physical exam dated 4/17/2014, objective findings included FF 140/150. The rest of the objective findings were illegible. Diagnostic impression shows bilateral shoulder impingement, improved left extremity treatment to date: medication therapy, behavioral modification, kenalog injection, surgery 12/4/2013 A UR decision dated 5/15/6/2014 denied the request for physical therapy(PT) 2x/week for 4 weeks to bilateral shoulders, stating that patient has already completed at least 24 sessions of PT since injury, and should be participating with an independent home exercise program focusing on stretching/strengthening and the use of hot/cold packs for flare-ups, in order to maintain improvement levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (PT) 2 x 4 (2 times per week for 4 weeks) to bilateral shoulders:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. ODG recommends post-surgical treatment guidelines for shoulder sprain is 24 visits over 14 weeks. In a progress note dated 3/19/2014, the patient was noted to have completed 24/24 physical therapy sessions, and it was unclear why this patient was not able to transition into a home exercise program. Furthermore, the objective functional gains from previous physical therapy sessions were not discussed in the reports reviewed. Therefore, the request for physical therapy 2x/week for 4 weeks is not medically necessary.