

<b>Case Number:</b>	CM14-0213818		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	05/08/1987
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 underlying date of injury in this case dates back many years to 1987. The date of the utilization review under appeal is 11/21/2014. A PR-2 report of 10/20/2014 notes the patient was seen in primary treating orthopedist followup. That report is handwritten with somewhat limited information and discusses the diagnoses of right shoulder impingement syndrome and osteoarthritis of the right acromioclavicular joint. The patient reported that he had increased pain and tightness with weather changes. On exam there was tenderness at the subacromial bursa with no acute neurological changes. The treatment plan included lidocaine patch, Tylenol over-the-counter, Relafen, home exercises as directed, and physical therapy 3 times per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Physical Therapy Visits:** 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:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, page 99, recommends to allow for fading of treatment frequency plus active, self-directed home physical medicine. This is a chronic injury in which the patient would be anticipated to have long ago transitioned to an independent, active home rehabilitation program. Occasional review/revision of a home rehabilitation program may be indicated in the form of up to 3 physical therapy visits; however, the current request for 18 physical therapy visits is not supported by the medical records or treatment guidelines. This request is not medically necessary.