

<b>Case Number:</b>	CM15-0064662		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Texas, Illinois

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 56 year old male with an industrial injury dated July 24, 2013. The injured worker diagnoses include right shoulder impingement and acromioclavicular joint arthritis with subacromial inflammation. He has been treated with diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 03/03/2015, the injured worker presented for evaluation of right shoulder pain on 3/02/2015. Objective findings revealed positive impingement test, tenderness and decrease range of motion in the right shoulder. The treating physician reported that the MRI of the right shoulder performed on 11/25/2014 revealed evidence of arthritis changes in the shoulder and subacromial bursitis. The treating physician prescribed services for physical therapy, twice a week for six weeks for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, twice a week for six weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

**Decision rationale:** The injured worker sustained a work related injury on July 24, 2013. The medical records provided indicate the diagnosis of right shoulder impingement and acromioclavicular joint arthritis with subacromial inflammation. Treatments have included physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Physical Therapy, twice a week for six weeks for the right shoulder. The request is for 12 physical therapy visits. The MTUS recommends a maximum of 10 visits, except in cases of regional sympathetic dystrophy where it allows 24 visits. The request is not medically necessary.