

<b>Case Number:</b>	CM13-0008775		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	07/19/2000
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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:

The patient is a 49 year old female with date of injury 7/19/00. The treating physician hand written report dated 6/25/13 indicates the patient has the following diagnoses: 1.Cervical spine strain 2.Impingement syndrome of bilateral shoulders, right greater than left 3.Tennis elbow, right greater than left 4.Carpal tunnel syndrome bilateral, right greater than left 5.S/P Arthroscopic right shoulder The utilization review report dated 7/8/13 denied a request for 12 physical therapy sessions of the right shoulder based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TIMES 12 VISITS FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine.

**Decision rationale:** The employee presents to the treating physician with diagnoses affecting the cervical spine, shoulders, elbows and bilateral carpal tunnel syndrome. In reviewing the hand written (fairly illegible) treating physician reports the employee apparently had surgery some

time before the 1/3/13 report. There is no clinical information of the employee's complaints, there is no information of how many post surgical PT visits were conducted, and I could not find a specific request for 12 PT sessions of the right shoulder. I was, however, able to find a narrative report dated 1/3/13 that indicated that the employee finished physical therapy of the right shoulder and was 70-80% better. The post surgical MTUS guidelines did not apply in this case as the employee's surgery was more than 6 months before the current request for 12 PT sessions was made. The MTUS guidelines do support physical therapy; however, only 8-10 sessions are recommended for conditions of this nature. This request is for 12 sessions which exceeds what is allowed for this type of condition. In addition, there was no documentation to indicate that a change in the employee's condition warranted additional PT of the right shoulder. Recommendation is for denial.