

<b>Case Number:</b>	CM13-0018711		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Family Practice and is licensed to practice in New Jersey. 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:

The worker is a 39 year old female who injured her right shoulder and right elbow on 3/8/13 due to repetitive movements. She was diagnosed with right shoulder strain with possible impingement and right elbow sprain with lateral epicondylitis. The worker was treated with 18 sessions of physical therapy for her shoulder and elbow, shoulder steroid injection, NSAIDs, Lyrica, home exercises, and instructions for modified use of her shoulder and elbow. On 4/23/13 she was placed on modified duty at work after she had been gradually improving with her pain and function. She continued to improve with physical therapy, and after 18 sessions total had been requested another 12 sessions of physical therapy for her right shoulder and right elbow by her treating physician on 8/14/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS TO THE RIGHT SHOULDER AND RIGHT ELBOW: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Official Disability Guidelines (ODG)-Shoulder, Updated 06/12/13), Physical Therapy.

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

**Decision rationale:** The MTUS ACOEM Guidelines do not specify frequency or duration of physical therapy for elbow or shoulder complaints. However, the MTUS Guidelines for Chronic Pain may be more applicable in this case as the worker had pain and dysfunction related to her injury for at least 4 months following her injury. It states that elbow or shoulder strains/sprains (or any other form of myositis) that is chronic in nature, that up to 10 sessions of physical therapy over 8 weeks is warranted to help improve function with the intent to fade the frequency from up to 3 visits at the start to less than 1 per week towards the end of treatment, plus active self-directed home physical therapy/exercises with documented functional improvement. In this case, the worker has already surpassed the recommended frequency and duration of supervised physical therapy for her injuries, having had 18 sessions up to the date of the request, however home exercises and therapy (unsupervised) may be appropriate for longer-term care. Therefore, the physical therapy 2 times per week for 6 weeks to the right shoulder and right elbow is not medically necessary.