

<b>Case Number:</b>	CM13-0031564		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	06/15/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 and Rehabilitation 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:

This female sustained an injury on 6/15/12 while employed by [REDACTED]. Request under consideration include additional 6 physical therapy visits. Diagnoses include right shoulder impingement, right elbow lateral epicondylitis, and right carpal tunnel syndrome. Conservative care has included at least 15 sessions of physical therapy, injections, medications, and rest/work modification. Report of 8/13/13 from [REDACTED] noted the patient with right shoulder and neck pain. She had some improvement with subacromial cortisone injection on 7/2/13. Exam showed no tenderness to direct palpation over the cervical spine; range of neck in flex/ext/lateral flex/rotation were 30/30/15/70 degrees with pain on movement; Muscle strength of upper extremities within normal limits; Sensation is intact in upper extremities; DTRs 2+ equal. Bilateral shoulder exam noted positive impingement and Hawkins on right; tenderness over AC joint and subacromial bursa; Range in abduction(abd) /flexion (flex)/internal rotation (IR)/external rotation(ER)/extension (Ext)/adduction(add) 165/170/60/80/40/30 degrees. Two recently certified sessions post shoulder injection not enough with requests for 8 sessions for an adequate amount and transition to a home exercise program. Report of 5/28/13 noted right shoulder range of motion in abd/flex/IR/ER/Ext/Add 165/170/60/80/40/30. Request was non-certified on 9/16/13, citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 6 physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This female sustained an injury on 6/15/12 while employed by [REDACTED]. Request under consideration include Additional 6 physical therapy visits. Diagnoses include right shoulder impingement, right elbow lateral epicondylitis, and right carpal tunnel syndrome. Conservative care has included at least 15 sessions of physical therapy, injections, medications, and rest/work modification. Report of 8/13/13 from [REDACTED] noted the patient with right shoulder and neck pain. She had some improvement with subacromial cortisone injection on 7/2/13. Exam showed no tenderness over the cervical spine with intact DTRs 2+ equal, and muscle strength and sensory of upper extremities within normal limits. Bilateral shoulder exam noted positive impingement and Hawkins on right; tenderness over AC joint and subacromial bursa; Range in abd/flex/IR/ER/Ext/add 165/170/60/80/40/30 degrees. Two recently certified sessions post shoulder injection not enough with requests for 8 sessions for an adequate amount and transition to a home exercise program. Review of report of 5/28/13 also noted right shoulder range of motion in abd/flex/IR/ER/Ext/Add 165/170/60/80/40/30 unchanged post injection and therapy rendered. There is no acute flare-up reported and she continues with persistent pain symptoms with unchanged medications. Exam showed no neurological deficits with unchanged range of motion. There is no reported functional change from therapy treatment already rendered with at least 15 sessions. At this stage, the patient should have the knowledge and instruction to transition to an independent home exercise program. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received enough therapy sessions recommended per the Guidelines to have transitioned to an independent HEP for this 2012 injury. The additional 6 physical therapy visits are not medically necessary and appropriate.