

<b>Case Number:</b>	CM13-0044641		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/02/2008
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Occupational Medicine, has a subspecialty in Internal Medicine, 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:

According to the records made available for review, this is a 54-year-old female with a 4/2/08 date of injury, and right shoulder surgery. At the time of request for authorization for physical therapy twice a week for four week for the left shoulder and left wrist, there is documentation of subjective (left shoulder pain with numbness and tingling in the left wrist) and objective (limited left shoulder range of motion and positive Phalen's on the left) findings, current diagnoses (left shoulder impingement and left carpal tunnel syndrome), and treatment to date (physical therapy and medications). There is no documentation of the number of previous physical therapy visits and objective improvement with previous treatment.

### 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 four weeks for the left shoulder and left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Physical Medicine page 99 Page(s): 99. Decision based on Non-MTUS Citation ODG Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter section on Carpal Tunnel Syndrome and Physical Therapy

**Decision rationale:** ACOEM Guidelines identify the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals as criteria necessary to support the medical necessity of physical therapy. The Official Disability Guidelines recommend a limited course of physical therapy for patients with a diagnosis of impingement syndrome not to exceed 10 sessions over 8 weeks, and patients with carpal tunnel syndrome not to exceed 3 visits over 5 weeks; and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines as criteria necessary to support the medical necessity of physical therapy. Within the medical information available for review, there is documentation of previous physical therapy treatments, functional deficits, and functional goals. However, there is no documentation of the number of previous physical therapy treatments and whether the number of treatments has already exceeded the recommendations of PT guidelines. Also absent is a statement why any residual deficits cannot be resolved in the context of a home exercise program. In addition, there is no documentation of objective improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy twice a week for four week for the left shoulder and left wrist is not medically necessary and appropriate.