

<b>Case Number:</b>	CM13-0064289		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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 patient is a 61 year old female who was injured on 07/31/2013. She stated she was involved in an altercation with vendors while she working as a sales associate. One of the vendors grabbed an object from her left hand and jerked her left arm. She had a sharp pain throughout her left arm, which radiated to her elbow up into her shoulder and into her neck. Prior treatment history has included thyroid medications and Lunesta, ibuprofen and Omeprazole and she had physical therapy. Diagnostic studies reviewed include x-rays of the cervical spine dated 09/19/2013 revealed minor degenerative disc disease as described above. An MRI of the left shoulder dated 10/19/2013 revealed mild supraspinatus impingement secondary to thickening of the coracoacromial ligament and supraspinatus tendinopathy without evidence for a tear. X-rays of the left wrist dated 09/19/2013 revealed diffuse osteopenia; no displaced fracture and mild osteoarthritic changes of the acromioclavicular joint. The orthopedic consultation dated 07/31/2013 stated the patient complaints of left upper extremity pain including neck, shoulder, arm, elbow, forearm, wrist and hand. Objective findings on exam revealed she had 1+ brachioradialis reflex, which was not inverted and 1+ biceps reflex. She had 5/5 strength in C5 to T1 distribution. Her sensation was intact to light touch at C5 through T1 distribution. There was pain to palpation to light touch at C5 through T1 distribution. There pain with palpation in the posterior neck/trapezius region. The left shoulder examination revealed the patient had limited range of motion in her left shoulder secondary to pain. She had forward flexion to approximately 135 degrees. External rotation was to 40 degrees and internal rotation to buttock, but is mainly limited secondary to pain. She had limited strength in her rotator cuff muscles, but was also secondary to diffuse pain. She had diffuse tenderness to palpation throughout her left shoulder. She did have intact deltoid function. The patient had a positive Tinel's test at the ulnar nerve and the left elbow. She had full range of motion of her left elbow. She had pain with range of motion

of her left wrist. The patient was recommended to undergo further evaluation for wrist/hand pain and nerve type symptoms. The progress note dated 08/16/2013 indicated the patient reported physical therapy was not helping. Objective findings on exam revealed there has been no change. The patient reported she had 2 visits of physical therapy and she had no change. It was decided to discontinue physical therapy as it was not helping. The progress note dated 08/12/2013 stated the patient had 2 physical therapy treatments. The progress note dated 08/06/2013 indicated the patient presented with complaints of pain in the left shoulder but range of motion was limited. She had pain to her neck bilaterally, and pain to the left wrist. Objective findings on exam revealed elbow range of motion was okay but painful. The left shoulder was tender diffusely with limited range of motion and neck had limited range of motion as well. The patient was instructed to start PT 3 times a week for 2 weeks; prescribed Vicodin and Naprosyn.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSICAL THERAPY FOR 2 SESSIONS TO THE LEFT SHOULDER, LEFT WRIST, AND LEFT ELBOW: Upheld**

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

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

**Decision rationale:** As per the CA MTUS Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The recommendation is for 2 sessions of physical therapy to the left shoulder, left wrist and left elbow. The medical records submitted indicate physical therapy was certified on 8/06/2013 3x/wk x 2 weeks. The patient started physical therapy on 08/07/2013. After two sessions, the patient stated the physical therapy was not helping. The physician discontinued further physical therapy treatments on 08/16/2013. The patient continued to report left shoulder pain 9/10, left elbow pain rated 6/10 and left wrist pain rated 3/10. The documentation provided indicates that left shoulder ROM was decreased with limited strength of RC muscles. Positive Tinel test on the ulnar nerve at the elbow; however, full range of motion of the left elbow and left wrist. Further guidelines indicate that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Thus, since there is documentation of prior trial of physical therapy was unsuccessful, there is not enough evidence of objective findings regarding the left wrist and left elbow, as well as no mention of a home exercise program, the request for 2 sessions of physical therapy for left shoulder, left elbow, and left wrist is not certified as medically necessary.