

<b>Case Number:</b>	CM13-0071031		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Occupational 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 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 an employee of [REDACTED], a pre-school teacher, and has submitted a claim for adhesive capsulitis of shoulder associated with an industrial injury date of April 13, 2010. Treatment to date has included physical therapy, muscle relaxants and pain medications. Medical records from 2010 to 2014 were reviewed and revealed that the patient has been experiencing right shoulder pain graded 5/10, right medial elbow pain 6/10, and weakness of the right upper extremity. The patient also complains of spasm of forearm musculature and trapezius. On the physical examination there was full range of motion although there was slight tenderness in the right upper extremity, and positive impingement sign for the right shoulder. MRI of shoulders and wrist, dated March 28, 2011, were both unremarkable. Progress notes regarding the previous physical therapy of the patient as well as surgical history were not provided. Duration and frequency of physical therapy were also not specified. Utilization review from December 23, 2013 denied the request for 12 Physical Therapy Sessions for the right upper extremity (Between 12/17/13 AND 2/15/14) due to lack of information that shall support that the patient has improved with previous physical therapy and also the duration of previous therapy was not specified. On January 5, 2014 an appeal was submitted to reconsider the request. It was stated that the patient did proceed with 12 sessions of physical therapy for right upper extremity which facilitated diminution of pain, increased tolerance to activity and improved range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) PHYSICAL THERAPY SESSIONS FOR THE RIGHT UPPER EXTREMITY (BETWEEN 12/17/13 AND 2/15/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

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

**Decision rationale:** The California MTUS Guidelines state that physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. There should be a time-limited plan with clearly defined goals. In this case, patient previously underwent physical therapy, however, records regarding this were not provided. An appeal letter, dated January 5, 2014, stated that the patient did proceed with 12 sessions of physical therapy for right upper extremity which facilitated diminution of pain, increased tolerance to activity and improved range of motion. However no records were provided to prove and quantify claims of pain relief, improved functional activities and range of motion. The goals for physical therapy were not clearly stated as well. Moreover, the patient is expected to be well-versed in a self-directed home exercise program by now. Therefore, the request is not medically necessary.