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| <b>Case Number:</b>   | CM14-0009424 |                              |            |
| <b>Date Assigned:</b> | 02/14/2014   | <b>Date of Injury:</b>       | 12/15/2009 |
| <b>Decision Date:</b> | 06/24/2014   | <b>UR Denial Date:</b>       | 01/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/24/2014 |

### 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, and is licensed to practice in Illinois. 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 injured worker is a 32 year old male who reported an injury on 12/15/2009. The mechanism of injury was not provided in the clinical documentation provided. The clinical note dated 01/29/2014 reported the injured worker complained of tingling in the right and left arm, radicular pain in the right and left arm, weakness in the right and left arm and stiffness and pain. The injured worker reported turning neck to the left and right cause pain describes as aching and burning. The injured worker also had been experiencing aching, burning, soreness, stiffness, tenderness, throbbing, tingling, numbness in the right shoulder. The injured worker reported lifting worsens pain. The physical examination noted the inspection of bones and muscles were unremarkable. The physician also noted muscle strength full and strength symmetric normal muscle tone with out atrophy. The physician noted right shoulder flexion is 90 degrees, tenderness to palpation in the anterior joint space and the deltoid insertion point. The injured worker had a positive impingement sign. The injured worker had diagnoses of bilateral shoulder intrathecal pathology consistent with impingement syndrome with significant history of fracture of humeral head of the right shoulder and labrum tear and rotator cuff tear. The physician requested for physical therapy 2x6 weeks for the right upper extremity. The request for the authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2X6 WEEKS RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Physical Therapy.

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

**Decision rationale:** The request for physical therapy 2x6 weeks for the right upper extremity is not medically necessary. The injured worker complained of tingling in the right and left arm, radicular pain in the right and left arm, weakness in the right and left arm and stiffness and pain. The injured worker reported turning neck to the left and right cause pain describes as aching and burning. The injured worker also had been experiencing aching, burning, soreness, stiffness, tenderness, throbbing, tingling, and numbness in the right shoulder. The injured worker reported lifting worsens pain. The California MTUS guidelines recommend physical therapy to provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain and inflammation, swelling and to improve the rate of healing soft tissue injuries. The guidelines note that for Myalgia and Neuralgia 8-10 visits is recommended. The request submitted of 12 sessions exceeds the guideline recommendations. Therefore the request for physical therapy 2x6 weeks for the right upper extremity is not medically necessary.