

<b>Case Number:</b>	CM14-0106127		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/22/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Interventional Spine 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 60 years old female with an injury date on 11/22/2012. Based on the 05/13/2014 progress report provided by [REDACTED], the diagnoses are: 1. Right shoulder adhesive capsulitis. 2. Right upper extremity neuropathy and carpal tunnel syndrome. According to this report, the patient complains of right shoulder pain that radiates into the proximal upper extremity and fingers. Range of motion of the shoulder is mildly restricted. Mild tenderness is noted at the bicipital muscle and anterior aspect of the acromion. Impingement sign, Tinel's sign and Phalen's are positive. There were no other significant findings noted on this report. [REDACTED] is requesting 8 sessions of physical therapy. The utilization review denied the request on 06/06/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/18/2014 to 06/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Quantity 8:** Upheld

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

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

**Decision rationale:** According to the 05/13/2014 report by [REDACTED] this patient presents with right shoulder pain that radiates into the proximal upper extremity and fingers. The patient is status post right capsular releases on 6/26/13 and the current request for 8 sessions of physical therapy is outside of post-surgical time-frame and for therapy treatments. The utilization review denial letter states the patient has had 18 sessions of PT authorized for the right post-operative shoulder per case notes. For non-post-op physical therapy, MTUS guidelines page 98 and 99 allow 9-10 visits for myalgia, myositis, and the type of condition this patient suffers from. In this case, the treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. In this case, the patient is almost a year from surgery and a short course of therapy may be indicated if the patient's condition has deteriorated but the provider does not provide much information regarding the need for more therapy and why home exercises are inadequate. Therefore, this request is not medically necessary.