

<b>Case Number:</b>	CM14-0017820		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	11/06/2009
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Hand Surgery and is licensed to practice in Oregon. 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 63 year old female with a date of injury of 11/6/2009. According to [REDACTED] progress report on 1/7/2014, the subjective findings included discomfort in the left arm and shoulder, sensitivity in the thenar area and the incision region of carpal tunnel release, and improvement of sensation in the hand. The objective findings included mild limitation of the left shoulder range of motion of abduction and flexion due to the discomfort, positive pain with impingement maneuver, persistent limitation of finger flexion as prior to the surgery, mildly limited wrist range of motion due to the discomfort, intact sensation in the thenar region, and sensitivity in the carpal tunnel incision. The patient underwent a left carpal tunnel release surgery on 10/11/2013. The patient had completed 4 post-surgical physical therapy visits. The provider is requesting authorization for 12 more physical therapy sessions to help with shoulder exercises and desensitization of carpal tunnel incision as well as group strengthening. She also has shoulder pain. The provider is requesting authorization for a repeat left shoulder subacromial injection since the patient had satisfactory relief in the past and she is reluctant to have surgery at this time due to persistent arm pain. The provider also indicated that he had injected her subacromial space with Depo-Medrol and 0.5% Marcaine, 1% - Xylocaine at the office. Based on this discussion, it appears that the patient had at least three left shoulder injections up to this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 PHYSICAL THERAPY VISITS:** 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, SHOULDER,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The patient is beyond the three-month treatment period. Moreover the request for 12 visits exceeds the MTUS guidelines that allow for a total of eight visits. Four visits have already been completed and the request significantly exceeds the guidelines.

**1 REPEAT LEFT SHOULDER SUBACROMIAL INJECTION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER SHOULDER COMPLAINTS, 213

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

**Decision rationale:** This patient has mild symptoms and no activity limitations. In this case, the ACOEM guidelines support steroid injections rather than surgery for mild symptoms. The patient has responded well to steroid injections in the past and the ACOEM guidelines do not place an upper limit on the number of steroid injections that can be given.