

<b>Case Number:</b>	CM14-0111882		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/01/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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, 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 56-year-old with an injury date of August 1, 2010. Based on the July 10, 2014 progress report, the patient reports of having severe pain in her neck and her bilateral upper extremities. She has persistent numbness and irritation in her right hand and fingers. In regards to her shoulder, she has a positive impingement sign and tenderness over the anterior aspect of the shoulder. There is also exquisite tenderness over the acromioclavicular joint. In regards to the right elbow, the Tinel's sign is positive at the medial aspect of the right elbow, bent-elbow sign is positive, and there is tenderness to palpation over the right medial and lateral epicondyles. The Tinel's sign, Phalen's sign, and compression sign are all positive at the wrist. The July 9, 2014 MRI of the right and left shoulders revealed a moderate rotator cuff tendinitis without focal tear on the right shoulder. There is mild degeneration of the superior labrum, moderate acromioclavicular joint arthrosis, and subdeltoid bursitis. MRI of the left shoulder revealed moderate to severe rotator cuff tendinitis with shallow articular surface-sided tearing of the supraspinatus. Degeneration of the labrum without tear is noted as well as moderate acromioclavicular joint arthrosis and moderate subdeltoid bursitis. There is also obvious biceps tendinitis within the bicipital groove of the bilateral shoulders. On February 25, 2014, the patient had a platelet-rich plasma injection to the right elbow. The utilization review determination being challenged is dated July 15, 2014. Treatment reports were provided from January 22 to August 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physical therapy to the shoulders: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine: Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder - Acute & Chronic (updated 4/25/12): ODG Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Elbow & Upper Arm Page(s): 15-17.

**Decision rationale:** Based on the July 10, 2014 progress report, the patient has severe pain in her neck and bilateral upper extremities. The request is for physical therapy to the shoulders for quantity of 12. There is no indication if the patient has had any previous physical therapy sessions. The Chronic Pain Medical Treatment Guidelines state that for lateral epicondylitis/tennis elbow, twelve visits over twelve weeks is allowed. In this case, the treater has requested for a total of twelve sessions of physical therapy which is within the Chronic Pain Medical Treatment Guidelines. The request for twelve sessions of physical therapy to the shoulders is medically necessary and appropriate.