

<b>Case Number:</b>	CM14-0114995		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 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 injured worker is a 32 year-old female with an injury date of 04/12/2013. According to the 05/29/2014 progress report, the patient struggles with moderate pain involving the shoulder and some discomfort in the palm of her hand but no further triggering in the middle finger. In regards to her shoulders, she has tenderness and mild crepitus over the anterior aspect as well as a restricted range of motion. She also has mild tenderness with some induration over the flexor sheath of the middle fingers. The patient's diagnoses include a history of left shoulder rotator cuff injury, left shoulder arthroscopy with labral repair and subacromial decompression 08/29/2013, left middle finger tenosynovitis with triggering, and status post release of left middle finger trigger digit 02/26/2014. The request is for additional physical therapy visits for the left shoulder 2 times a week for 3 weeks. The utilization review determination being challenged is dated 06/30/2014. There was one treatment report provided from 05/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for left shoulder; 2 times a week for 3 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, & Hand Page(s): 18-20.

**Decision rationale:** According to the 05/29/2014 progress report, the claimant presents with moderate pain involving the shoulder and some discomfort in the palm of her hand. The patient is status post left middle finger release from 02/26/2014. The request is for additional physical therapy visits for her left shoulder; 2 times a week for 3 weeks, per the 05/29/2014 report. The patient has already had 24 sessions of post-surgical physical therapy visits and is still within post-op time frame following trigger finger release. MTUS guidelines states 14 sessions of therapy following flexor tenosynovectomy surgery. This patient already had 24 sessions and the current request for additional therapy exceeds what is allowed by MTUS guidelines. The physician does not provide any compelling reasons for exceeding MTUS. Therefore, this request is considered not medically necessary.