

<b>Case Number:</b>	CM14-0116293		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/30/2000
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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, 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 patient is a 66 year-old female with a 5/30/2000 date of injury. She has been diagnosed with s/p left trigger thumb release (5/19/14); right trigger thumb; bilateral forearm and upper extremity tendonitis; bilateral thumb CMC synovitis; bilateral cubital tunnel syndrome; left shoulder calcific tendonitis/impingement; cervical arthrosis/radiculopathy; and s/p bilateral CTR with ulnar nerve decompression at the wrists. According to the 6/17/14 medical report, the patient presents with left shoulder impingement and triggering in the right thumb. X-rays of the shoulder were reported to show calcific tendonitis and type II to III acromion. The physician recommends a scar pad for the left trigger thumb, and since the patient was not able to tolerate cortisone injection for the shoulder, he recommends PT 2x6. On 7/10/13 UR denied the PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy - 12 treatments (Left Shoulder):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Insert Section>, page(s) <MTUS pg 98-9 of 127, Page(s): 98, 99 OF 127.

**Decision rationale:** This is a 66 year-old female patient who presents with left shoulder impingement and triggering in the right thumb. X-rays of the shoulder were reported to show calcific tendonitis and type II to III acromion. She was not able to tolerate a left shoulder injection, and the physician requested PT x12 for left shoulder impingement and calcific tendonitis. The request presented for IMR is for necessity of PT x12 for the shoulder. The patient is not reported to have had a recent surgery to the left shoulder. The MTUS Chronic Pain Medical Treatment Guidelines apply. MTUS states 8-10 therapy sessions are appropriate for various myalgias and neuralgias. The request for 12 sessions will exceed the MTUS guidelines. Recommendation is for non-certification.