

Case Number:	CM14-0028119		
Date Assigned:	06/13/2014	Date of Injury:	12/02/2010
Decision Date:	07/21/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/05/2014

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 37 year old female with an injury date of 12/02/10. Based on the 01/27/14 progress report provided by [REDACTED], the patient complains of right shoulder pain. On 10/09/12, the patient had a right shoulder arthroscopic subacromial decompression, extensive glenohumeral debridement, distal clavicle excision, biceps tenodesis, right elbow extensive arthroscopic debridement, open tennis elbow release with repair, anterior ulnar nerve transposition, subcutaneous. There is tenderness to palpation along the subdeltoid bursa and biceps tendon on the right side. There is also tenderness to palpation of the biceps tendon on the left side. The patient's diagnoses include the following: 1. Right shoulder strain. 2. Right elbow lateral epicondylitis. 3. Right ulnar neuropathy with subluxation at the cubital tunnel. 4. Right elbow postoperative adhesive capsulitis. 5. Right shoulder subacromial impingement syndrome, a.c. arthritis, biceps tendinopathy. 6. Right shoulder postoperative adhesive capsulitis. [REDACTED] is requesting for 6 x 2 continuation sessions of physical therapy to the bilateral shoulders. The utilization review determination being challenged is dated 02/07/14. [REDACTED] is the requesting provider, and he provided treatment reports from 09/16/13- 01/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUATION OF PHYSICAL THERAPY TO BILATERAL SHOULDERS;
TWELVE (12) SESSIONS (2 X 6): Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to the 01/27/14 report by [REDACTED], the patient presents with right shoulder pain. The request is for 6 x 2 continuation sessions of physical therapy to the bilateral shoulders. The 01/10/13 physical therapy note states that the patient has completed 18 of the 24 sessions of physical therapy she has been provided with. "Patient reports that her shoulder has been improving over the past few days with pain currently rated at 1/10 in intensity. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treater has asked for additional 12 sessions of therapy for the patient's bilateral shoulders. It would appear that the patient has had adequate therapy for the kind of condition that the patient is suffering from. The treater does not document a new injury, aggravation, significant change in diagnosis or condition to warrant additional therapy. The request of 12 sessions also exceeds what is allowed per MTUS. Recommendation is for denial.