

<b>Case Number:</b>	CM14-0062315		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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 52-year-old female who sustained an injury on February 22, 2010. She is diagnosed with (a) left shoulder neuropathic syndrome, complex regional pain syndrome; (b) chronic neck pain; (c) bilateral lateral epicondylitis, far worse on the right; (d) right ulnar nerve irritation, possible cubital tunnel syndrome; (e) status post left shoulder surgeries including labral debridement and subacromial decompression and Mumford procedure; (f) status post subacromial decompression and right shoulder Mumford procedure; (g) left shoulder pain syndrome, complex regional pain syndrome, previously known as reflex sympathetic dystrophy; (h) residual right shoulder pain after decompressive surgery; (i) complex regional pain syndrome involving the right elbow; and (j) right elbow lateral and medial epicondylar pain/chronic inflammation. She was seen on June 23, 2014 for a comprehensive pain management evaluation. She complained of severe pain in the shoulder areas and upper extremities, left side greater than the right. The pain was described as constant and aching with a component of burning and hypersensitivity. Examination of the left shoulder revealed decreased range of motion. Less movement of the left upper extremity was noted than the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x/ week x 6 weeks bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official

Disability Guidelines: Shoulder, Physical Therapy updated 3/31/14; and Official Disability Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), Physical Medicine Page(s): 103-104.

**Decision rationale:** The request for 12 sessions of physical therapy to the bilateral shoulder is not medically necessary at this time. Further review of medical records revealed that physical therapy was to resume while the injured worker is undergoing repeat stellate blocks. The California Medical Treatment Utilization Schedule does not require physical therapy post stellate ganglion blocks. Hence, proceeding with this treatment modality is not necessary.