

<b>Case Number:</b>	CM14-0198388		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 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 60 year old female with an injury date on 8/28/09. The patient complains of right upper extremity pain, more so her right shoulder, elbow, and wrist per 5/16/14 report. The patient also has persistent low lumbar pain with radiculopathy, and has intolerance to medications with severe GI irritation with NSAIDs and opioids per 5/16/14 report. The patient had a follow up with an orthopedic hand surgeon who recommended electrodiagnostic studies and physical therapy but was denied treatment by insurance per 5/16/14 report. Based on the 5/16/14 progress report provided by the treating physician, the diagnoses are: 1. right shoulder rotator cuff injury, s/p right shoulder rotator cuff tear 2. Right shoulder adhesive capsulitis with chronic shoulder pain 3. Chronic persistent lumbago, s/p lumbar injury 4. Lumbar disc bulging L3-4, L4-5 and L5-S15. Lumbar radiculitis right > left 6. Chronic right wrist pain 7. Oral pain medication intolerance 8. Gastritis with oral pain medications A physical exam on 5/16/14 showed "L-spine range of motion is restricted to 50--60% in all planes. Sensory exam of lower extremities shows no deficits. Straight leg raise positive bilaterally." No range of motion testing of upper extremities was included in reports. The patient's treatment history includes medications (failed NSAIDs and opioids), and physical therapy. The treating physician is requesting 8 physical therapy sessions. The utilization review determination being challenged is dated 10/30/14 and denies request due to lack of specific documentation of deficits and prior 74 sessions of physical therapy. The requesting physician provided treatment reports from 5/16/14 to 10/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physical Therapy Sessions: Overturned**

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

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

**Decision rationale:** This patient presents with right shoulder pain, right elbow/wrist pain, and lower back pain. The treater has asked for 8 physical therapy sessions but the requesting progress report is not included in the provided documentation. There is no record of recent physical therapy, but the utilization review letter dated 10/30/14 report states patient had 74 prior sessions of physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has worsening right shoulder/elbow/wrist pain. The utilization review letter states the patient had 74 prior sessions of physical therapy since the original injury 5 years ago. The reports indicate, however, that the patient has not had recent physical therapy; is unable to tolerate NSAIDs or opioids, and the treater complains that the patient has not been authorized for any of the treatments to the lumbar or right upper extremity in the recent past. There is no record of recent therapy and a short course of treatment is reasonable for a flare-up, declined function or new injury. The requested 8 sessions of physical therapy would appear reasonable for patient's worsening chronic pain condition. The request is medically necessary.