

<b>Case Number:</b>	CM14-0201341		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 45 year old female with a work injury dated 4/25/12. The diagnoses include right lateral epicondylitis status post right elbow extensor tendon debridement and repair on 10/28/13; impingement right rotator cuff status post right rotator cuff repair in December of 2012; status post right carpal tunnel release 2012. Under consideration is a request for physical therapy for the right shoulder, twice weekly for four weeks and physical therapy for the right elbow, twice weekly for four weeks. There is a 10/29/14 progress note that states that the patient still has a painful right shoulder with pain extending through the adjacent shoulder blade and blade muscles to the neck and a painful outer aspect of the right elbow as well as the right wrist. The pain level is rated two-to-three out of ten at rest and seven-to-eight out of ten with activity. The patient has one more therapy session. She has received seven treatment programs in her program since she was last evaluated on September 10, 2014. She has gained some improvement in her right wrist with more movement and less pain. Unfortunately, her right elbow still lacks full flexion and extension and is painful at the extremes of movement post lateral extensor tendon release. The patient is not completely happy with her surgery at the right elbow. She has had a reasonable improvement from carpal tunnel release surgery at the right wrist. The patient's major problem is at the right shoulder. She still cannot sleep on the right side. She rigs up a pillow between her arm and her side in order to get some measure of relief of pain and discomfort while sleeping. The patient has some difficulty raising the right arm above shoulder level, especially lifting the arm to the side in abduction. She underwent a postsurgical MRI scan which on review reveals a continuing tear of the rotator cuff. The patient has had a postsurgical injection of cortisone which did not do too much at the right shoulder. Her pain in the right shoulder travels to the neck through the trapezius muscle. She is somewhat disappointed in her surgical procedure at the shoulder. The physical exam revealed well healed right shoulder puncture wounds are present in

the right shoulder. An elevated trapezius confirms compensation in raising the arm by rotating the shoulder blade. Although pain travels to the neck, the neck is virtually fully mobile without significant tenderness at strap and sternomastoid muscles at the front and side of the neck. Range of motion of the right shoulder is still painful at the extremes of movement with impingement and postsurgical MRI scan evidence of a rotator cuff continuing tear. There is decreased right shoulder range of motion in abduction, adduction, flexion, extension, internal and external rotation. Tenderness is present globally at the right shoulder. There is palpable evidence of a partial excision of the AC joint at the right shoulder. Spurling's Test (foraminal compression test) of the neck is negative. Adson Test for thoracic outlet syndrome is negative. The Wall Push-Off Test for winging of the scapulae is negative. The patient, once again, at the right elbow lacks full flexion and extension, but currently has a normal Cozen's Test which would indicate the released proximal attachment of the extensor retinaculum to the elbow and forearm is not significantly inflamed. A stable right elbow is noted on clinical testing against resistance. The treatment plan included additional right shoulder and elbow physical therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy for the right shoulder, twice weekly for four weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical therapy for the right shoulder, twice weekly for four weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The patient has had extensive therapy for this condition without significant evidence of functional improvement. There are no extenuating factors given to exceed guideline recommendations for therapy visits. The patient should be well versed in a home exercise program. The request for physical therapy for the right shoulder, twice weekly for four weeks is not medically necessary.

**Physical therapy for the right elbow, twice weekly for four weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical therapy for the right elbow, twice weekly for four weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The patient has had extensive therapy for this condition without significant evidence of functional improvement. There are no extenuating

factors given to exceed guideline recommendations for therapy visits. The patient should be well versed in a home exercise program. The request for physical therapy for the right elbow, twice weekly for four weeks is not medically necessary.