

<b>Case Number:</b>	CM14-0212173		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	10/14/2010
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 46 year old female, who sustained an industrial injury on 10/14/2010. The diagnoses have included chronic neck strain with underlying degenerative disease, status-post surgery times two (2002, 2012), right shoulder impingement rule out rotator cuff tear, status-post left carpal tunnel release (1997), status-post right carpal tunnel release (1998) and rule out recurrent carpal tunnel syndrome. Treatment to date has included medication, physical therapy and activity modification. Currently, the IW complains of continued bilateral shoulder pain, right greater than left. Objective findings included tender medial epicondyles and tenderness to the paraspinals. On 12/11/2014, Utilization Review non-certified a request for re-evaluation noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ACOEM Guidelines and ODG were cited. On 12/17/2014, the injured worker submitted an application for IMR for review of re-evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 physical therapy re-evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Guidelines recommend a short course of physical therapy for the shoulder, elbows and wrists to instruct the patient on proper exercise techniques to be carried out at home. This trial should be discontinued if it does not result in functional improvement. In this case, re-evaluation is not indicated as it is not medically appropriate to make a determination for re-evaluation without completion of the initial physical therapy sessions and treatment outcomes. Thus, this request is not medically appropriate and necessary.