

<b>Case Number:</b>	CM15-0006840		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/12/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 31 year old female, who sustained an industrial injury on August 12, 2012. Her diagnoses include right shoulder impingement and chronic wrist sprain of the right elbow/right. On April 12, 2013, the injured worker underwent a right shoulder arthroscopy with debridement of type I superior labral tear from anterior to posterior lesion and biceps tendinosis, complex debridement of partial posterior-inferior labrum tear, and capsulorrhaphy of anterior-inferior capsule. Office notes document completion of at least 25-30 postoperative physical therapy visits. Lower back sprain and herniated disc at L4-L5 level, 06/25/13 EMG study showed right C7 active denervation. 04/03/14 right wrist MRI was consistent with distal intersection syndrome. She has been treated with work modifications, pain and non-steroidal anti-inflammatory medications, and postoperative physical therapy. 10/21/14 office note stated that there had been no improvement despite surgery and extensive treatment with PT, medication, chiropractic treatments, and right shoulder cortisone injection. On November 25, 2014, her treating physician reports mild right shoulder and right upper extremity pain, the physician noted the injured worker was being seen in follow up after arthrogram magnetic resonance imaging of the right shoulder on November 20, 2014, which revealed no rotator cuff tear, no labral tear, and mild subacromial impingement. The physical exam revealed mild tenderness and painful range of motion of the right shoulder. Neer's and Hawkin's signs were mildly positive. There was full range of motion of the right elbow, forearm, and wrist. There was decreased sensation of the right 3rd, 4th, and 5th fingers. Tinel and Phalen were negative. On January 5, 2015 Utilization Review non-certified a prescription for 12 visits (3 x 4 weeks) of physical therapy for the right

shoulder, right elbow, and right wrist, noting the lack of evidence of qualified functional deficits for the right shoulder, right elbow, and right wrist. In addition, there is no evidence of how many sessions of physical therapy the injured worker had for this more than two years old injury. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

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

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

**Physical therapy 3x4 weeks for the right shoulder, right elbow and right wrist:** 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 of 127, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** Injured worker (IW) is outside of the 6 month postsurgical physical medicine treatment period recommended by MTUS following her shoulder surgery. She has completed postoperative physical therapy sessions well beyond the MTUS recommendation for up to 24 PT visits for this condition. The requested 12 PT visits exceed the MTUS Chronic Pain recommendation for up to 10 PT visits for myalgia/myositis or neuralgia, neuritis, and radiculitis. Given lack of documented significant symptomatic or functional improvement with previous therapy, medical necessity is not established for continued skilled therapy at this point in care.