

<b>Case Number:</b>	CM15-0007869		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	10/26/1998
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57-year-old female who reported an injury on 10/26/1998. A previous request had been made for 8 sessions of physical therapy in 12/2014, with only 2 of the sessions having been authorized for transition to a home exercise program. The injured worker had previously undergone physical therapy for the right shoulder, with her most recent clinical documentation not specifying any significant functional deficits to warrant additional sessions. She complained of cervical spine pain with her exam, revealing left shoulder tightness, and overall exam of the bilateral shoulder revealing tenderness. She was diagnosed with tenosynovitis of the hand/wrist, disorder of bursae tendons of the shoulder, sprain/strain of the neck, and lateral epicondylitis of the elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for four weeks for the right shoulder:** Upheld

**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:** According to the California MTUS Guidelines, with the injured worker having already completed several sessions of physical therapy for the right shoulder, and with having already been authorized 2 additional sessions for transition to a home exercise program, the injured worker is not considered a candidate for additional therapy sessions, as there were no extenuating circumstances identified on physical examination. As such, the request is not medically necessary.