

<b>Case Number:</b>	CM15-0008641		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48-year-old female who reported an injury on 01/09/2014, due to an unspecified mechanism of injury. On 12/11/2014, she presented for a followup evaluation. It was noted that she continued to complain of pain in the left greater than right shoulder. She stated that her left hand was better with numbness and there was no tingling. Objective findings showed decreased range of motion and weakness with pain. It should be noted that the document provided was handwritten and illegible. She was diagnosed with bilateral carpal tunnel syndrome, moderate to severe, stenosis of the left A1 pulley long finger, and bilateral shoulders. The treatment plan was for 6 physical therapy sessions for the left shoulder. The rationale for treatment was to treat the injured worker's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** According to the California MTUS Guidelines, physical medicine is recommended for 9 to 10 visits over 8 weeks for the injured worker's condition. While it is noted that the injured worker is symptomatic regarding the left shoulder and has decreased range of motion, actual range of motion scores and motor strength scores were not provided to show that the injured worker has a significant deficit indicating the need for physical therapy treatment. Also, further clarification is needed regarding the injured worker's past treatments and whether she has undergone physical therapy treatment previously. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.