

<b>Case Number:</b>	CM15-0103049		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	12/01/2002
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Massachusetts

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 61-year-old male with an industrial injury date of 12-01-2002. Medical record review indicates he is being treated for shoulder pain, elbow pain, ulnar neuropathy, lateral epicondylitis, mood disorder and pain in limb. Subjective complaints 03-12-2015 included left shoulder and right elbow pain. His pain is rated as 3.5 out of 10 with medications and 7 out of 10 without medications. Activity level had remained the same. Work status (03-12-2015) is documented as permanent and stationary. "Patient is currently not working." Prior treatments included TENS unit, H wave, acupuncture and medication. Objective findings (03-12-2015) included restricted range of motion of the cervical spine. Left shoulder exam noted restricted movements with flexion limited to 150 degrees, extension limited to 60 degree with positive Hawkins, Neer and shoulder cross over test. Tenderness was noted in the acromioclavicular joint. Right elbow was tender to palpation over the lateral epicondyle, medial epicondyle and soft tissue distal to the right elbow. On 05-14-2015 the request for 6 outpatient physical therapy to the left upper extremity 2 times 3 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 outpatient physical therapy to the left upper extremity (shoulder), 2x3 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic) (updated 04/25/2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury in December 2002 and is being treated for left upper extremity pain. In January 2015 he was referred for 6 sessions of physical therapy and was evaluated for this on 02/09/15. As of 02/20/15 he had completed 6 treatments. There was significantly improved forearm active range of motion with decreased pain. More treatments were recommended. When seen, in March 2015, additional physical therapy for a home exercise program was requested. A single session was provided on 03/13/15. When seen in May 2015, his pain levels were unchanged. Physical examination findings included a body mass index over 28. There was decreased cervical, bilateral shoulder, and right elbow range of motion. There was right cervical facet tenderness. There was positive impingement testing and shoulder crossover testing. There was right elbow tenderness. There was upper extremity weakness with strength testing limited by pain. Authorization for another 6 therapy sessions was requested. The claimant is being treated for chronic pain with no new injury to the left upper extremity and has recently had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of what might be needed to re-establish or revise the claimant's home exercise program and does not reflect a fading of skilled therapy treatments. The request is not medically necessary.