

<b>Case Number:</b>	CM15-0016120		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	02/25/2000
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: California

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 59-year-old male with an industrial injury dated 02/25/2000. Diagnoses include adhesive capsulitis/frozen left shoulder and impingement syndrome of the left shoulder. Diagnostic testing has included recent electrodiagnostic study of the upper extremities (11/10/2014). Previous treatments have included conservative measures, medications, and physical therapy. A progress note dated 12/11/2014; reports increased left shoulder, left elbow pain and left wrist pain. The objective examination revealed hypertonicity, spasms tenderness, tight muscle bands and trigger points in the bilateral paravertebral musculature of the cervical spine, hypertonicity, spasms, tenderness, tight muscle band and trigger points in the T1-T6 paravertebral musculature, no significant findings in the left shoulder, tenderness to palpation over the medial epicondyle in the left elbow, tenderness in the left wrist, and decreased temperature in the left hand. The treating physician is requesting 12 physical therapy sessions, which was denied by the utilization review. On 01/19/2015, Utilization Review non-certified a request for 12 physical therapy sessions, noting MTUS guidelines were cited. On 01/28/2015, the injured worker submitted an application for IMR for review of 12 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** This patient has a date of injury of 02/25/2000 and continues to complain of upper extremity pain with trapezial and paracervical tenderness and mild stiffness with decreased range of motion. The current request is for 12 physical therapy sessions. For physical medicine, the MTUS Guidelines, pages 98 and 99, recommends for myalgia, myositis, and neuritis-type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review does not include any physical therapy reports. It was noted the patient has recently underwent 10 physical therapy sessions. The objective response to these sessions is not documented. In this case, the treating physician's request for additional 12 sessions exceeds what is recommended by MTUS. Furthermore, there is no discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested additional 12 sessions IS NOT medically necessary.