

<b>Case Number:</b>	CM15-0139515		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old female, who sustained an industrial injury on 4-6-12 Initial complaints were not reviewed. The injured worker was diagnosed as having right shoulder bursitis; right shoulder complete rupture of rotator cuff; right shoulder impingement syndrome cervical spine multilevel degenerative disc disease; cervical spine radiculopathy; left elbow sprain-strain; right elbow common extensor tendon tear; bilateral carpal tunnel syndrome; bilateral subchondral cyst; thoracic spine multilevel HNP-degenerative disc disease; lumbar spine pain - radiculopathy-HNP; bilateral knee sprain-strain; right knee chondromalacia-osteoarthritis; bilateral plantar fasciitis; anxiety disorder; sleep disorder; headaches; abdominal discomfort. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI cervical spine (9-14-13; 4-12-14; 11-6-14); MRI thoracic spine (9-14-13; 11-6-14); MRI right and left shoulder (9-14-13; 4-13-14; 11-6-14); ); MRI right and left elbow (9-14-13; 4-13-14; 10-31-13; 11-6-14); MRI right and left wrist (9-15-13; 10-31-14); MRI right and left knee (9-21-13; 10-31-14). Currently, the PR-2 notes dated 5-22-15 indicated the injured worker complains of burning bilateral shoulder pain radiating down the arms to fingers, associated with muscle spasms. She rates his pain as 5 out of 10 and described as constant, moderate to severe, aggravated by gripping, grasping, reaching, pulling, and lifting. She complains of bilateral elbow pain and muscle spasms rating it as 6 out of 10. She also complains of weakness, numbness, tingling and pain radiating to the hand and fingers. She complains of burning bilateral wrist pain and muscle spasms described as constant, moderate to severe rating this pain as 5 out of 10. She is status post rotator cuff repair (full thickness repair) and

subacromial decompression on 5-6-15. She complains of radicular low back pain and muscle spasm rating this pain as 5 out of 10. She complains of bilateral knee pain and muscle spasms rating this pain as 5 out of 10. She also complains of bilateral feet pain and muscle spasms rating this pain as 5 out of 10. She complains of stomach problems associated with nervousness and complains of headaches. On physical examination the provider documents tenderness to palpation of the occiputs, the trapezius, levator scapula, splenius, scalene and sternocleidomastoid muscles. There are noted limits on range of motion due to pain. The bilateral shoulder exam notes tenderness to palpation at the trapezius, supraspinatus, levator scapula, and the rhomboid muscles and palpable tenderness at the subacromial space. Range of motion is actively demonstrated with some limitation and crepitus upon motion. The Neer's, Hawkins; and Speed's testing were all positive bilaterally. She has mild tenderness to palpation of the epicondyles with slight decreased range of motion. The bilateral wrist exams note tenderness to palpation at the triangular fibrocartilage complex at the extensor carpi ulnans, the first dorsal muscle compartment and at the carpal tunnel. Her range of motion bilaterally is decreased. She has positive Tinel's, Phalen's and Flicker testing bilaterally. She has tenderness to palpation at the proximal and distal rhomboids and midline thoracic spine with no spasms noted. Her range of motion is slightly limited. The dermatomes of the thoracic spine are within normal limits. The lumbar spine notes palpable tenderness with spasms at the paraspinal muscles and over the lumbosacral junction. The range of motion is slightly decreased on most planes except flexion. The bilateral knee exams notes a mild gait, can perform heel-toe walk however, there is pain at the knees with heel walking. She is able to squat to approximately 60% of normal due to pain. Mild effusion is noted. She has tenderness at the mid joint line, patellofemoral joint with crepitus and pes Anserinus bursa bilaterally. The Apley's compression and patell ar grind are positive and the posterior and anterior drawer test are negative. There is tenderness to palpation of the plantar fascia. The provider is requesting authorization of additional physical therapy 3xwk x 4wks for right shoulder.

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

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

**Additional physical therapy 3xwk x 4wks for right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant has already undergone therapy. There is no indication that additional therapy cannot be completed at home.

The 12 sessions requested exceeds the amount limited by the guidelines. The amount previously completed is unknown. The 12 sessions is not medically necessary.