

<b>Case Number:</b>	CM15-0143953		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	04/14/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 57 year old male, who sustained an industrial injury on 4-14-01. The injured worker was diagnosed as having left shoulder acromion impingement with reported tear, left wrist dorsal ganglion with pain, and C5-7 degenerative disc disease with foramen narrowing and radiation to the left arm and wrist. Treatment to date has included physical therapy, chiropractic treatment, and medication. Physical examination findings on 5-7-15 left shoulder, left wrist, and cervical spine painful range of motion. Regarding the left shoulder O'Brien's, Neer's, and Hawkins's signs were positive. Currently, the injured worker complains of pain in the shoulder, neck, and wrist. The treating physician requested authorization for physical therapy (work hardening) 3x3 for the left shoulder, left wrist, and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (work hardening) 3x3 for the left shoulder, left wrist, and cervical spine:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

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

**Decision rationale:** The patient presents on 05/07/15 with unrated pain in the left shoulder, lumbar spine, and cervical spine. The patient's date of injury is 04/14/01. Patient has no documented surgical history directed at these complaints. The request is for physical therapy (work hardening) 3x3 for the left shoulder, left wrist, and cervical spine. The RFA is dated 06/24/15. Physical examination dated 05/07/15 reveals pain elicitation upon motion of the left shoulder, positive Obrien's test, Neer's test, and Hawkin's test. Left wrist examination reveals decreased range of motion in all planes, and cervical spine examination reveals pain elicitation upon motion in all planes. The patient's current medication regimen was not provided. Diagnostic imaging was not provided. Patient's current work status is not provided. MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In regard to the 9 sessions of physical therapy for this patient's continuing left wrist, left shoulder, and cervical spine complaint, the request is appropriate. Utilization review non-certified this request on grounds that there was no evidence of prior physical therapy efficacy, though a careful review of the documentation provided contains no physical therapy notes or discussion of recent PT. MTUS guidelines support 8-10 physical therapy treatments for complaints of this nature, the records do not include any documentation that this patient has undergone any recent physical therapy directed at these complaints. The requested 9 sessions falls within these guidelines and could produce significant benefits for this patient. Therefore, the request IS medically necessary.