

<b>Case Number:</b>	CM15-0161630		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	04/14/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: 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 60 year old female who sustained an industrial injury on 04-14-2015. Diagnoses include tenosynovitis of the hand and wrist, lateral epicondylitis, ulnar nerve lesion, sprain of the neck and adhesive capsulitis of the shoulder. A physician progress note dated 07-20-2015 documents the injured worker is having pain in her right arm and neck. She has increased pain with the use of her right arm. There is decreased sensation over the bilateral median nerves, tenderness over the right lateral epicondyle, with a positive Cozen's on the right and tenderness over the anterior shoulder. On 07-17-2015, there is documentation that the injured worker has received 12 physical therapy sessions without benefit. She complains of constant right shoulder pain with radiation in to the right trapezius, associated with stiffness and soreness. The pain is aggravated by overhead reaching, reaching behind her back or by lifting and carrying. She has right shoulder restricted range of motion with pain at extremes and right trapezius tenderness. Impingement sign is negative. There is right lateral epicondylar tenderness. There is decreased median nerve sensation bilaterally. Unofficial X ray of the right shoulder revealed questionable acromioclavicular joint degenerative changes. There is decreased cervical spine range of motion with right paravertebral-trapezius tenderness. On 04-14-2015 the physician progress note documents the injured worker complains of left shoulder, right shoulder, left elbow, left and right wrist pain consistent with the injury reported by the injured worker. Medications prescribed include Mobic; splints for her wrist and thumb, hot and cold packs and a heat pad therapy were dispensed. Treatment to date has included diagnostic studies, medications, and physical therapy. On 08-05-2015 Utilization Review non-certified the

requested treatment physical therapy for the right shoulder three (3) times a week for six (6) weeks.

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

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

#### **Physical Therapy for the Right Shoulder Three (3) Times a Week for Six (6) Weeks:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in April 2015 and is being treated for shoulder, elbow, and wrist pain due to a cumulative trauma injury. When seen, prior treatment had included 12 sessions of physical therapy without benefit. She was having constant right shoulder, elbow, and hand and wrist pain. Physical examination findings included decreased and painful right shoulder range of motion with negative impingement testing. There was decreased cervical spine range of motion with paravertebral and trapezius muscle tenderness. There was right lateral epicondyle tenderness and decreased median nerve distribution sensation bilaterally. Authorization for 18 additional physical therapy treatments was requested. In terms of physical therapy for this condition, guidelines recommend up to 10 treatment sessions over 8 weeks; the claimant has already had physical therapy without apparent benefit. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize a home exercise program for the claimant's shoulder. The request is not medically necessary.