

<b>Case Number:</b>	CM15-0184035		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/26/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 58 year old female, who sustained an industrial injury on 9-26-2014. The injured worker was being treated for status post RTCR on 4-15-2015 and tendinopathy and calcific tendinitis of the right shoulder. On 8-13-2015, the injured worker reported ongoing right shoulder and right hand pain. Her rated her right shoulder: 8 out of 10 and right hand pain: 5 out of 10. She reports her medication facilitates maintenance of light household duties, grocery shopping, grooming, cooking, and the recommended exercise program. The treating physician noted the injured worker's condition is refractory to physical therapy. The physical exam (8-13-2015) revealed a well-healed right wrist incision and right Jamar readings of 10, 5, and 10. There was right shoulder tenderness, flexion of 80 degrees, external and internal rotation of 40 degrees, 4 out of 5 motor of the right upper extremity and right shoulder in all planes, and swelling of the right shoulder. Diagnostic studies were not included in the provided medical records. The injured worker underwent at least 20 sessions of physical therapy with myofascial release, ultrasound, and electrical stimulation between 5-5-15 to 9-2-2015. Other treatments have included activity modifications, stretching, heat, home exercise, injection therapy, and medications including pain (Tramadol ER), muscle relaxant (Cyclobenzaprine), proton pump inhibitor (Pantoprazole), and non-steroidal anti-inflammatory (Naproxen sodium). Per the treating physician (8-13-2015 report), the is temporarily partially disabled with no repetitive at or above shoulder level activity with the right upper extremity, no lifting greater than 30 pounds, and no repetitive gripping and grasping. The requested treatments included physical therapy once a week for 12 weeks to the right shoulder and wrist. On 9-8-2015, the original utilization review non-certified a request for

physical therapy once a week for 12 weeks to the right shoulder and wrist due to the lack of documentation of clinical and functional response to prior physical therapy.

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

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

**Physical therapy once a week for 12 weeks to the right shoulder/wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Physical therapy.

**Decision rationale:** The claimant sustained a work injury in September 2014 and is being treated for right upper extremity pain. He has right shoulder calcifying tendinitis and underwent a right carpal tunnel release on April 2015. In June 2015 he had completed 12 physical therapy treatments. When seen in August 2015, there was a decline in range of motion. Physical examination findings included decreased shoulder range of motion with tenderness and swelling. Additional physical therapy is being requested. Carpal tunnel release surgery is considered an effective operation. After the surgery performed, guidelines recommend up to 3-8 visits over 3-5 weeks with a physical medicine treatment period of 3 months. In this case, the claimant has already had post-operative physical therapy for the wrist and there is no new shoulder injury. 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. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.