

<b>Case Number:</b>	CM15-0190463		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: 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 45 year old female who sustained an industrial injury 10-10-11. A review of the medical records reveals the injured worker is undergoing treatment for status post bilateral carpal tunnel release, status post bilateral endoscopic carpal tunnel release, left wrist tendinitis, left shoulder tendinitis, left shoulder status post arthroscopy, subacromial decompression, and acromioclavicular joint resection; and low back pain. Medical records (08-27-15) reveal the injured worker reports improvement in her bilateral wrists, she no longer has numbness and tingling in her hands and she is able to perform "more activities of daily living" with her hands. She reports left shoulder pain with some popping, but feels "close to 80% improvement" in her shoulder. The physical exam (08-27-15) reveals "mild" tenderness in the left rotator cuff, resisted abduction and external rotation strength is 4/5 with normal range of motion reported. There is diminished range of motion with right radial deviation, but otherwise the range of motion is normal. Prior treatment includes bilateral carpal tunnel releases and left shoulder surgery. The original utilization review (09-17-15) non certified the request for 18 additional sessions of physical therapy to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy (left shoulder) quantity 18:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Activity Modification, and Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** According to the guidelines, up to 24 sessions of therapy can be provided for most shoulder surgeries. In this case, the claimant had surgery over a year ago and has completed 30 sessions of therapy. The claimant recently underwent carpal tunnel surgery. The request for shoulder therapy is not medically necessary at this time.