

<b>Case Number:</b>	CM15-0207186		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 53 year old male injured worker suffered an industrial injury on 7-30-2009. The diagnoses included shoulder subluxation, cervicobrachial syndrome, lateral epicondylitis, carpal tunnel syndrome, acquired trigger finger and frozen shoulder. On 9-10-2015 the treating provider reported ongoing pain in the thumb, wrist and shoulders rated 7 out of 10 with associated numbness, tingling, swelling, locking and weakness. He reported difficulty sleeping due to spasms. He reported symptoms had gotten worse since the last visit. On exam there was trigger points in the upper trapezius and rhomboid region. The right shoulder had reduced range of motion. The provider noted that he was significantly hampered by the restricted range of motion to the shoulder. Norco was prescribed at that visit. Prior treatment included TENS therapy, shoulder injections, and physical therapy 2014 that the injured worker noted helped. Request for Authorization date was 9-14-2015. The Utilization Review on 9-21-2015 determined non-certification for Physical therapy, right shoulder, 2 times weekly for 6 weeks, 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, right shoulder, 2 times weekly for 6 weeks, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right shoulder two times per week time six weeks (#12) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are shoulder subluxation; cervical brachial syndrome; lateral epicondylitis; carpal tunnel syndrome; acquired trigger finger and frozen shoulder. Date of injury is July 30, 2009. Request for authorization is September 14, 2015. The medical record contains 40 pages. According to a March 17, 2015 physical therapy progress note, the documentation indicates the injured worker would benefit from continued physical therapy. The total number of physical therapy sessions to date are not specified in the record. According to a September 10, 2015 progress note, subjective complaints include wrist and shoulder pain. Pain is relieved with massage, bracing and TENS. Objectively, shoulder flexion is 140, extension 10, abduction 130, internal rotation 80 and external rotation 60. There are trigger points in the upper trapezius. The treatment plan requests an initial evaluation of physical therapy and treatment two times per week time six weeks. The documentation according to a March 17, 2015 physical therapy progress note indicates the injured worker was receiving physical therapy with a treatment plan to continue physical therapy. There are no additional physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement from prior PT. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. It is unclear why the treating provider is requesting an initial physical therapy evaluation with a clear past history of physical therapy administered to the injured worker. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, prior physical therapy according to a March 17, 2015 progress note, no additional physical therapy progress notes demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is warranted, physical therapy right shoulder two times per week time six weeks (#12) is not medically necessary.