

<b>Case Number:</b>	CM15-0213895		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	11/12/2010
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 53 year old female, who sustained an industrial injury on 11-12-2010. The injured worker is undergoing treatment for left epicondylectomy, ulnar nerve decompression and sub muscular transposition of ulnar nerve, left shoulder partial supraspinatus tear and left shoulder biceps tenosynovitis. Medical records dated 8-10-2015 indicate the injured worker complains of left shoulder pain with improved numbness and tingling of the fingers and left elbow pain. The treating physician indicates shoulder cortisone injection provided temporary relief and "she has improved with therapy." Physical exam dated 8-10-2015 notes tenderness to palpation over the biceps tendon and anterolateral acromion, positive impingement Treatment to date has included surgery, shoulder injections, physical therapy and medication. The original utilization review dated 10-9-2015 indicates the request for additional physical therapy 2 X 4 left shoulder is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times a week for 4 weeks for the left shoulder:** 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 rationale:** Additional physical therapy 2 times a week for 4 weeks for the left shoulder is not medically necessary. Per ODG guidelines, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT." The medical records indicated that he had prior physical therapy visits without documented benefit. Additionally, there is lack of documentation that the patient participated in a self-directed home exercise program to maximize his benefit with physical therapy; therefore, the requested for additional physical therapy is not medically necessary. As such, the request is not medically necessary.