

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0220390 |                              |            |
| <b>Date Assigned:</b> | 11/13/2015   | <b>Date of Injury:</b>       | 07/06/2010 |
| <b>Decision Date:</b> | 12/22/2015   | <b>UR Denial Date:</b>       | 10/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/09/2015 |

### 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 injured worker is a 46 year old male, who sustained an industrial injury on 07-06-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for adhesive capsulitis of the right shoulder, frozen right shoulder, lesion of the right ulnar nerve, ganglion cyst to the right wrist, and right carpal tunnel syndrome. Medical records (06-23-2015 to 10-13-2015) indicate ongoing right shoulder pain. Right shoulder pain levels were 2-8 out of 10 on a visual analog scale (VAS) on 06-23-2015; however, there were no pain ratings provided on 09-01-2015 or 10-13-2015. Records also indicate no changes in activity levels but some improvement in function in the right shoulder. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 10-13-2015, revealed some continued limits in range of motion (ROM) in the right shoulder with some discomfort. The right elbow was noted to have full ROM, and the right wrist had 2-prong sensation intact in all digits and intrinsics were 5 out of 5. Relevant treatments have included: right shoulder debridement and ulnar nerve decompression surgeries (06-22-2015), 18 sessions of post-operative physical therapy (PT) per the PT notes, work restrictions, and medications. The treating physician indicates that there has been some improvement in the right shoulder ROM and pain; however, there still continues to be some pain and restricted ROM. The request for authorization (10-13-2015) shows that the following treatment was requested: 12 sessions of post-operative PT for the right wrist and right shoulder. The original utilization review (10-23-2015) partially approved the request for 12 sessions of post-operative PT for the right wrist and right shoulder which was modified to 6 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 2 times a week for 3 weeks for the right wrist and right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Forearm, wrist, and hand section, Physical therapy Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy two times per week times three weeks to the right wrist and right shoulder 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are adhesive capsulitis right shoulder; lesion ulnar nerve right wrist; and ganglion right wrist. Date of injury is July 6, 2010. Request for authorization is October 16, 2015. The documentation indicates the injured worker is status post right shoulder arthroscopy and has had extensive physical therapy. The treating provider indicates the injured worker developed adhesive capsulitis and requires a follow-up surgery. According to an October 13, 2015 progress note, the injured worker has ongoing right shoulder pain. Ongoing physical therapy has been helpful. The worker has not worked since 2011. Objectively, decreased range of motion with discomfort of the right shoulder. Wrist examination is normal with motor function 5/5. The total number of physical therapy sessions provided to the right shoulder subsequent to the right shoulder arthroscopic surgery is not specified. There is no documentation of authorization for the adhesive capsulitis right shoulder. In the absence of authorization for a subsequent surgery of the right shoulder, postoperative physical therapy is not clinically indicated. Based on clinical information in the medical records, peer-reviewed evidence-based guidelines and no documentation indicating authorization for subsequent surgery, postoperative physical therapy two times per week times three weeks to the right wrist and right shoulder is not medically necessary.