

<b>Case Number:</b>	CM15-0223262		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	01/10/2001
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 47 year old female who sustained an industrial injury on January 10, 2001. The worker is being treated for: osteoarthritis, carpometacarpal joint, left thumb with a surgical history of: shoulder arthroscopy, carpal arthroplasty, trapezium and carpal pinning. Subjective: June 22, 2015 she reported complaint of left clavicle pain, doing better making slow progress; positive pain in shoulder with numbness and tingling. Objective: June 2015 noted left shoulder with painful ROM extremes, external rotation and abduction 90 degrees, flexion and abduction 170 degrees. Diagnostic: June 2015 radiographic study of clavicle. Medication: June 2015, August 2015, and September: Norco, Voltaren, Omeprazole, Wellbutrin, and Restoril. Treatment: May 2014 underwent arthroscopic resection of TM joint, modified activity, occupational therapy, DME Spica splint, rest, ice application, June 2015 POC noted additional PT sessions requested. On October 13, 2015 a request was made for physical therapy 8 sessions for the left clavicle that was noncertified by Utilization Review on October 20, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week times 4 weeks left clavicle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

**Decision rationale:** MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records do not indicate any prior physical therapy for the left clavicle. Per guidelines, an initial trial of six sessions is necessary before additional sessions can be approved. The request for 8 sessions is in excess of guidelines. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for Physical therapy 2 times a week times 4 weeks left clavicle is not medically necessary.