

<b>Case Number:</b>	CM15-0032505		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	08/01/1999
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 73 year old male, who sustained an industrial injury on 8/1/99. The documentation on 2/25/15 noted that the injured worker has complaints of pain in his shoulders with increased weakness where he cannot draw back his bow anymore. The diagnoses have included left shoulder subacromial impingement, acromioclavicular joint arthrosis, rotator cuff and labral pathology. According to the utilization review performed on 1/21/15, the requested Physical therapy 2-3x6 has been non-certified. American College of Occupational and Environmental Medicine (ACOEM) were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 18-20.

**Decision rationale:** The patient presents with pain and weakness in his left shoulder and right wrist. The patient is s/p limited arthrodesis of right wrist on 07/17/14. The request is for 12 to 18 SESSIONS OF PHYSICAL THERAPY. The patient has had 14 sessions of physical therapy between 12/11/14 and 01/27/15. The 12/15/14 progress report states that the patient seems to be doing better in therapy and physical therapy progress reports show improvement in the patient's range of motion and strength as well as pain reduction. The request is made on 01/07/15 and the utilization review determination date is on 01/21/15. Until 01/16/15, the current request of additional therapy sessions is within post-operative time frame following the wrist surgery. For post-operative therapy treatments MTUS guidelines page 18-20 allow 24 sessions of physical therapy over 8 weeks after following arthroplasty/ fusion of wrist/ finger. After 01/17/15, the current request of therapy appears outside of post-surgical time frame as surgery was more than 6 months from the request date. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the patient has had at least 14 sessions of therapy as post-op treatment. There are physical therapy reports which states functional improvement. Reports do seem to indicate that the patient recently had some therapy. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the requested 12 -18 sessions combined with at least 14 already received would exceed what is allowed per MTUS for this kind of condition. The request IS NOT medically necessary.