

<b>Case Number:</b>	CM15-0046010		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	02/21/1997
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, District of Columbia, Maryland  
 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 male who sustained a work related injury on February 21, 1997, from repetitive motions of the upper extremities. He was diagnosed with bilateral shoulder impingement syndrome, epicondylitis, cubital tunnel syndrome bilaterally and depression. He complained of bilateral shoulder pain and bilateral wrist and hand pain. Treatment included physical therapy, home exercise program, Radiofrequency Ablation, and pain medications. Magnetic Resonance Imaging (MRI) of the left shoulder revealed degenerative joint disease and small joint effusion. Currently, the injured worker complained of persistent left shoulder pain, tenderness and limited movement. Authorization was requested for twelve sessions of physical therapy for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

**Decision rationale:** The attached medical record indicates that the injured employee has previously participated in physical therapy as well as perform home exercise since the date of injury in 1997. Considering this previous instruction and participation in home exercise, it is unclear why there is a request for a revisit to formal physical therapy. This request for 12 sessions of physical therapy for the left shoulder is not medically necessary.