

<b>Case Number:</b>	CM15-0046598		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 24 year old female who sustained a work related injury August 2, 2013. While performing repetitive work using a drill, she developed right hand pain with numbness and right shoulder pain. According to a primary treating physician's progress report dated February 12, 2015, the injured worker presented with an exacerbation of her right shoulder pain. Diagnoses included right wrist pain/strain, not improving; de Quervain's tenosynovitis; right shoulder strain re-exacerbation. Treatment plan included renew request for physical therapy 3 x 2 and modified work; limited repetitive use of right arm, no overhead work, and no pushing or pulling over 5 pounds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy x 6 sessions to the Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The patient presents with pain and weakness in her right shoulder and right upper extremity. The request is for additional 6 sessions of physical therapy to the right shoulder. The patient has been on modified duty. 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 12 sessions of physical therapy between 10/20/14 and 12/17/14. The 12th physical therapy report on 12/17/14 states that "the patient reports no improvement in right shoulder with 12 sessions of physical therapy and bilateral wrists are now worse." Prior treatment appears to have failed. The treater does not explain why the patient is unable to transition in to a home program. Furthermore, the current request for 6 combined with 12 already received would exceed what is recommended per MTUS guidelines. The request IS NOT medically necessary.