

<b>Case Number:</b>	CM15-0047725		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 38 year old female injured worker suffered an industrial injury on 9/18/2014. The diagnoses were rule out rotator cuff tear left shoulder, cervical spine strain, rule out cervical radiculopathy, left wrist sprain, rule out ligament tear and rule out carpal tunnel syndrome. The diagnostic studies were x-ray of the left shoulder, neck, left elbow and left wrist, magnetic resonance imaging of the neck and left hand. The injured worker had been treated with medications, physical therapy and injections to the left hand. On 2/17/2015, the treating provider reported constant pain in the neck radiating to the back of the shoulder, left shoulder radiating to the entire arm, left wrist radiating to the left elbow and shoulder. Numbness and tingling were noted in the left wrist and hand. On exam the left shoulder has restricted range of motion with increased pain. The treatment plan included Physical Therapy, 3 times weekly for 4 weeks, Left Shoulder and Left Elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 3 times weekly for 4 weeks, Left Shoulder and Left Elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44, 203. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter.

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

**Decision rationale:** The request for more physical therapy is not medically necessary. The patient has already had physical therapy sessions. As per MTUS guidelines, patients are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The recommended number of sessions for myalgias is 9-10 visits over 8 weeks, and for radiculitis are 8-10 visits over 4 weeks. The patient would exceed this limit with the requested amount of PT sessions. She should be continuing a home exercise program at this point. Therefore, this request is considered not medically necessary.