

<b>Case Number:</b>	CM15-0081671		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	03/27/2011
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Massachusetts Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old female, who sustained an industrial injury on 03/27/2011. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapy (including previous physical therapy), and left shoulder surgery (11/26/2013). Currently, the injured worker complains of continued bilateral wrist pain, and moderate bilateral shoulder pain (left greater than right). The diagnoses include carpal tunnel syndrome, cubital tunnel syndrome, and rotator cuff sprain. The request for authorization included 12 additional physical therapy sessions for the bilateral wrist and left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy (PT) 12 Visits Over 4 Weeks for Bilateral Wrists and Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic) Physical therapy.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic bilateral shoulder and wrist pain. Prior treatments have included physical therapy. She underwent arthroscopic left shoulder surgery November 2013 for rotator cuff impingement with post-operative physical therapy. When seen, she was having bilateral shoulder pain. Imaging was obtained showing a mild increase in soft tissue swelling without change in osteoarthritis. Physical therapy was requested for range of motion and strengthening. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had physical therapy and the number of additional visits requested is in excess of that recommended and therefore not medically necessary. Additionally, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is not medically necessary.