

<b>Case Number:</b>	CM15-0084920		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	07/13/2014
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Emergency Medicine

### 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 46-year-old female, who sustained an industrial injury on 7/13/2014. She reported left shoulder and arm pain. The injured worker was diagnosed as having left wrist strain/sprain rule out carpal tunnel syndrome, and left shoulder rotator cuff tear per history. Treatment to date has included medications, physical therapy, moist heat pad, and TENS. The request is for 12 additional physical therapy visits for the left shoulder. On 3/26/2015, she complained of left shoulder pain with radiation into the left arm down to the hand. She rated her pain as 5-6/10 and indicated she had numbness and tingling of the left hand. She also complained of left elbow pain rated 5-6/10, and difficulty falling asleep due to pain. The treatment plan included: orthopaedic surgery consultation, and continued physical therapy. The records do not indicate if there is a home exercise program, or the results of the previous physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions (2 times a week for 6 weeks) left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical therapy guidelines, shoulder procedure.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff.

**Decision rationale:** The requested Physical therapy 12 sessions (2 times a week for 6 weeks) left shoulder is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Summary of Recommendations and Evidence, page 212; and Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff; recommend up to 10 physical therapy sessions for this condition and continued therapy with documented objective evidence of derived functional improvement. The injured worker has left shoulder pain with radiation into the left arm down to the hand. She rated her pain as 5-6/10 and indicated she had numbness and tingling of the left hand. She also complained of left elbow pain rated 5-6/10, and difficulty falling asleep due to pain. The treating physician did not document objective evidence of derived functional improvement from completed physical therapy sessions. Finally, the completed therapy sessions should have afforded sufficient time for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 12 sessions (2 times a week for 6 weeks) left shoulder is not medically necessary.