

<b>Case Number:</b>	CM15-0087598		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	12/10/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 65 year old male who sustained a work related injury December 10, 2014. A doctors first report, dated February 24, 2015, documents while pushing and pulling a pallet jack with extremely heavy and oversized pallets, he developed pain in his right wrist, right forearm, and left shoulder. A doctor's first report dated March 27, 2015, describes initial treatment after injury consisting of x-rays, MRI scan of the left upper extremity, prescribed medication and physical therapy 2 times a week for 3 weeks with no significant benefit. Referral to a hand specialist revealed a sprain of the right wrist and he was provided with a brace. He was administered a cortisone injection to the left shoulder March 9, 2015, and has noted no significant benefit. He is currently working modified duties, picking up trash. An MRI of the left shoulder, 2/27/2015 demonstrated glenohumeral effusion, subacromial bursitis with partial thickness rotator cuff tear. Diagnoses are; left shoulder sprain/tendinitis/impingement/partial rotator cuff tear; right wrist extensor tendinitis; lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis with minimal spondylosis and facet hypertrophy. At issue is the request for physical therapy for the left shoulder, lumbar spine, and bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left shoulder, lumbar spine and bilateral wrists QTY: 6.00:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 298-299. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Shoulder (Acute & Chronic), Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy for the left shoulder, lumbar spine and bilateral wrists QTY: 6.00 is not medically necessary and appropriate.