

<b>Case Number:</b>	CM15-0232015		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	06/30/2008
<b>Decision Date:</b>	01/11/2016	<b>UR Denial Date:</b>	11/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2015

### 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, Indiana, New  
York Certification(s)/Specialty: Internal 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 55 year old female who sustained an industrial-work injury on 6-30-08. The injured worker was diagnosed as having status left shoulder acromioplasty, rotator cuff repair, biceps tenodesis, left wrist tenosynovectomy and stabilization, left cubital tunnel release, and left lateral epicondylitis. Treatment to date has included medication, surgery (left shoulder rotator cuff repair), acromioplasty, coracoacromial ligament release, biceps tenodesis, and distal clavicle excision, left wrist tenosynovectomy, tendon transfer-stabilization of the extensor carpal ularis tendon. Currently, the injured worker complains of left elbow and wrist pain with popping of her left wrist three weeks earlier. Per the primary physician's progress report (PR-2) on 9-28-15, exam noted very tender over the left lateral elbow with positive middle finger test and pain with resisted wrist extension, moderate tenderness in the left ulnar wrist, full range of motion left shoulder with moderate tenderness in the anterior left shoulder. The Request for Authorization requested service to include Physical Therapy twice a week for six weeks for the left shoulder, Physical Therapy twice a week for six weeks for the left wrist, and Physical Therapy twice a week for six weeks for the left elbow. A nerve block was performed with injection of the left lateral extensor. The Utilization Review on 11-16-15 denied the request for Physical Therapy twice a week for six weeks for the left shoulder, Physical Therapy twice a week for six weeks for the left wrist, and Physical Therapy twice a week for six weeks for the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy twice a week for six weeks for the left shoulder:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the left shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post left shoulder acromioplasty biceps tenodesis and rotator cuff repair; status post left wrist ECU tenosynovectomy and stabilization; status post left cubital tunnel release; and left lateral epicondylitis. Date of injury is June 30, 2008. Request for authorization is November 9, 2015. The worker is status post left shoulder acromioplasty biceps tenodesis and rotator cuff repair; status post left wrist ECU tenosynovectomy and stabilization; status post left cubital tunnel release. According to November 2, 2015 progress note, the injured worker received an injection to the left shoulder that helped. There is less pain present. Objectively, there is moderate tenderness of the right shoulder. There is minimal tenderness over the ulnar aspect of the left wrist and medial left elbow. The utilization review indicates the injured worker received 12 physical therapy sessions of physical therapy to the left shoulder, 12 physical therapy sessions for the left wrist and 12 physical therapy sessions to the left elbow. There are minimal objective clinical findings in the medical record to warrant additional physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. The injured worker was instructed on a home exercise program during physical therapy. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines, minimal objective clinical findings on physical examination of the shoulder and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy two times per week times six weeks to the left shoulder is not medically necessary.

**Physical Therapy twice a week for six weeks for the left wrist:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the left wrist is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits

exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post left shoulder acromioplasty biceps tenodesis and rotator cuff repair; status post left wrist ECU tenosynovectomy and stabilization; status post left cubital tunnel release; and left lateral epicondylitis. Date of injury is June 30, 2008. Request for authorization is November 9, 2015. The worker is status post left shoulder acromioplasty biceps tenodesis and rotator cuff repair; status post left wrist ECU tenosynovectomy and stabilization; status post left cubital tunnel release. According to November 2, 2015 progress note, the injured worker received an injection to the left shoulder that helped. There is less pain present. Objectively, there is moderate tenderness of the right shoulder. There is minimal tenderness over the ulnar aspect of the left wrist and medial left elbow. The utilization review indicates the injured worker received 12 physical therapy sessions of physical therapy to the left shoulder, 12 physical therapy sessions for the left wrist and 12 physical therapy sessions to the left elbow. There are minimal objective clinical findings in the medical record to warrant additional physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. The injured worker was instructed on a home exercise program according to the physical therapy progress note. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines, minimal objective clinical findings on physical examination of the wrist and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy two times per week times six weeks to the left wrist is not medically necessary.

**Physical Therapy twice a week for six weeks for the left elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the left elbow is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post left shoulder acromioplasty biceps tenodesis and rotator cuff repair; status post left wrist ECU tenosynovectomy and stabilization; status post left cubital tunnel release; and left lateral epicondylitis. Date of injury is June 30, 2008. Request for authorization is November 9, 2015. The worker is status post left shoulder acromioplasty biceps tenodesis and rotator cuff repair; status post left wrist ECU tenosynovectomy and stabilization; status post left cubital tunnel release. According to November 2, 2015 progress note, the injured worker received an injection to the left shoulder that helped. There is less pain present. Objectively, there is moderate tenderness of the right shoulder. There is minimal tenderness over the ulnar aspect of the left wrist and medial left elbow. The utilization review indicates the injured worker received 12 physical therapy sessions of physical therapy to the left shoulder, 12 physical therapy sessions for the left wrist and 12 physical therapy sessions to the left elbow. There are minimal objective clinical findings in the medical record to warrant additional physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. The injured worker was instructed on a home exercise program according to the physical therapy progress note. Based on the clinical

information in the medical record, the peer-reviewed evidence-based guidelines, minimal objective clinical findings on physical examination of the elbow and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy two times per week times six weeks to the left elbow is not medically necessary.