

<b>Case Number:</b>	CM14-0122292		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 26 year old female who was injured on December 17, 2013 to bilateral wrists, right shoulder and right elbow. The mechanism of injury is noted as cumulative trauma while working a massage therapist. The diagnoses listed as sprain shoulder/arm unspecified (840.9). The most recent progress note dated 7/25/14, reveals complaints of left shoulder tenderness, spasm, impingement pain and flexion 130 and abduction tightness. Physical examination reveals tenderness to palpation to the right shoulder with muscle spasm, range of motion to the right shoulder reveals flexion of 130 degrees, extension is 20 degrees, and abduction is 140 degrees, positive right impingement syndrome test. Prior treatment includes medications, thirty two physical therapy visits by the chiropractor from 3/11/14 to 7/9/14, and transcutaneous electrical nerve stimulation (TENS) unit. Diagnostic imaging studies available for review entail MRI dated 6/6/14 revealed fluid in the subdeltoid and glenohumeral space but not specifically that this was to an abnormal degree, a small partial thickness tear of the supraspinatus and what was believed to be a SLAP deformity of the labrum. A prior utilization review determination, dated 7/16/14, resulted in denial of continued physical therapy two to three per week for six weeks or eighteen treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued PT 2-3 X 6 Weeks or 18 Treatments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines and functional improvement measures

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder; Elbow; Forearm, Wrist and hand; Physical therapy

**Decision rationale:** This is a 26 year old female claimant who reported an alleged industrial injury on 12/17/2013. Subsequently the claimant has been afforded 32 sessions of physical therapy from 3/11/14/through 7/11/14 from which no reports of functional gains are documented. Both ACOEM & ODG espouse transitioning to self-directed active exercise based modalities. The claimant has been afforded multiple sessions of physical therapy and should have been taught a self-directed Home Exercise Program. Persistence in modalities that have had no long term benefit will only engender modality/treatment/therapist dependence. On 6/13/14 the provider has diagnosed bilateral hand sprains, right elbow and left shoulder sprain. The request for physical therapy 3/week for 6 weeks far exceeds that recommended by both ACOEM/CAMTUS and ODG guidelines Therefore the request remains not medically necessary.