

<b>Case Number:</b>	CM14-0123651		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 34 year old female who was injured on 11/21/2012. The diagnoses are right shoulder, right elbow and wrist pain. The patient had completed PT of the shoulders, elbows and wrists in April, 2014. On 12/17/2013, [REDACTED] performed a Qualified Medical Examination on the patient. The range of motion test of both shoulders and elbows was reported at normal. The impingement test was negative. On 7/18/2014, [REDACTED] noted that the patient had previously completed PT and a home exercise program. The patient is scheduled for surgical consultation. The UDS was inconsistent with positive test for non-prescribed benzodiazepine in February and March 2014. The listed is Norco for pain. A Utilization Review determination was rendered on [REDACTED] recommending non certification for PT 2 X week 5weeks for right shoulder and elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 5 weeks to right shoulder and elbow.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.23.2 Shoulder Comp.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Shoulder Joint.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that PT can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to NSAIDs medications. The records indicate that the patient have already completed the recommended program for PT and had progressed to home exercise program earlier in 2014. The records from the independent medical examination did not document any significant objective findings of the shoulders or elbows that would require another series of physical therapy. The criteria for PT 2 / week x 5 weeks for the right shoulder and right elbow was not met.