

<b>Case Number:</b>	CM14-0143968		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Family Medicine and is licensed to practice in California. 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 45 year-old woman who was injured at work on 7/19/2013. The injury was primarily to her right wrist and shoulder. She is requesting review of denial for the following: physical therapy - 6 sessions for the right shoulder; and physical therapy - 6 sessions for the right wrist. The medical records corroborate ongoing care for her injuries. Her chronic diagnoses have been: Right Shoulder Impingement; and Right Carpal Tunnel Syndrome. The progress note entry on 5/9/2014 states that she had "completed right shoulder physical therapy 1 month ago [and has continued a] home exercise program." The documents indicate that the patient has received 9 of the 12 authorized for the right shoulder and for the right wrist. Besides physical therapy, treatment has included: analgesic balm, Neurontin, Voltaren, and Norflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 6 sessions for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Disorders, Physical Therapy

**Decision rationale:** The Official Disability Guidelines (ODG) comment on the use of physical therapy as a treatment modality for shoulder disorders. In general, physical therapy is a recommended treatment. The ODG state that a physical therapy program should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. There are specific recommendations based on the underlying pathology. For rotator cuff/impingement syndrome the guidelines state the following: Medical treatment: 10 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment, arthroscopic: 24 visits over 14 weeks Post-surgical treatment, open: 30 visits over 18 weeks In this case, the patient has been approved for 12 visits for physical therapy. This exceeds the above stated recommendations of 10 visits over an 8 week period; i.e. for the medical treatment of rotator cuff/impingement syndrome. Therefore, there is no justification in support of extending physical therapy treatment beyond the maximum recommendations. Therefore, an additional 6 sessions of physical therapy is not considered as medically necessary.

**Physical therapy 6 sessions for the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Physical Therapy

**Decision rationale:** The Official Disability Guidelines comment on the use of physical therapy for carpal tunnel syndrome. In general, physical therapy is a recommended treatment. These guidelines state that when physical therapy is used the provider should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. Further, there are specific recommendations for the number of visits based on the underlying condition. For a neuropathy, such as carpal tunnel syndrome, the guidelines indicate that there should be 8-10 physical therapy visits over a 4-week period. The records in this case indicate that the patient has been approved for 12 physical therapy visits and has completed 9 sessions. The number of sessions approved exceeds the above stated Official Disability Guidelines. There is no comment in the record that indicates a fading of treatment frequency or the implementation of an active self-directed home physical therapy program. Based on this information, there is no justification for an additional 6 sessions. The additional 6 sessions of physical therapy is not considered as medically necessary.