

<b>Case Number:</b>	CM14-0163552		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 48 year old female with date of injury of 10/21/2013. A review of the medical records indicates that the patient is undergoing treatment for right shoulder impingement and right carpal tunnel and possible cervical radiculopathy. Subjective complaints include continued pain in her right shoulder and neck with pain and numbness and tingling and weakness down to her right wrist and hand. Objective findings include decreased range of motion of the right shoulder with pain upon palpation of the right rotator cuff; positive Tinel's sign and pain upon full extension and flexion of the right wrist. Treatment has included wrist brace and Anaprox and 3/6 physical therapy visits. The utilization review dated 9/8/2014 non-certified 12 physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy visits for the right shoulder and wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Shoulder (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The request for 12 sessions is far in excess of the initial trials per MTUS and ODG guidelines. Additionally, there is not medical documentation saying how the first 3/6 physical therapy sessions improved her functional capability or her pain and what the plan is for the rest of the sessions. As such, the request for physical therapy for the right shoulder (12 sessions) is not medically necessary.