

<b>Case Number:</b>	CM15-0011968		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	12/07/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female sustained an industrial injury on 12/7/11, with subsequent ongoing bilateral wrist and right shoulder pain. Treatment included heat, ice, medications, injections, bilateral carpal tunnel release, left shoulder decompression and physical therapy. In an office visit dated 12/9/14, the injured worker complained of pain to bilateral thumbs and worsening right shoulder pain. The injured worker reported a grinding and popping sensation with movement of the right shoulder. X-rays of the right shoulder showed a well-maintained glenohumeral space with downsloping acromion and calcifications along the bursal surface of the rotator cuff. Physical exam was remarkable for tenderness at the anterolateral acromion. Drop-arm test, Hawkin's test and O'Brien test were positive. Impingement signs were painful. Current diagnoses included right shoulder impingement syndrome, left thumb basilar joint arthritis and moderate carpal tunnel syndrome status post right revision carpal tunnel release and thumb suspension arthroplasty and status post right trigger finger release and de Quervain's release. The treatment plan included physical therapy for the right shoulder, additional hand therapy, remaining off work, continuing antiinflammatory medication and possible magnetic resonance imaging. On 12/22/14, Utilization Review noncertified a request for physical therapy 2x6 to the right shoulder citing CA MTUS Chronic Pain Medical Treatment Guidelines and ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 to the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

**Decision rationale:** This patient presents with right shoulder pain, and bilateral wrist pain and is/sp right thumb suspension arthroplasty and interposition arthroplasty with tendon transfer from 9/24/14. The treater has asked for PHYSICAL THERAPY 2X6 TO THE RIGHT SHOULDER on 12/9/14. The patient began physical therapy, but number of sessions were not specified per 10/6/14 report. The 12/4/14 report states to "continue physical therapy" for the right thumb but number of sessions were not included. The patient "has been receiving therapy" primarily of range of motion, ultrasound, and paraffin. There have been no functional activities or strengthening exercises to date per 12/9/14 report. The documentation does not include the total number of sessions of physical therapy the patient has had. MTUS post-surgical guidelines allows for 26 sessions of physical therapy for Tendon transfers of the thumb, over 4 months. The patient is off work until 1/27/15 per 12/9/14 report. In this case, the patient is s/p thumb tendon transfer surgery. The patient has been in physical therapy from 10/6/14 to 12/4/14, about 8 weeks which at a rate of twice a week, would be about 16 sessions of therapy to the right thumb. The treater is requesting 12 sessions of physical therapy for the right shoulder which exceeds MTUS guidelines. A short course of treatment may be reasonable for a flare-up, declined function or new injury. The treater does not indicate any new injury to the shoulder. This appears to be an extension of the therapy for the prior thumb surgery. As the patient should have had approximately 16 sessions of therapy in the prior 2 months, an additional 12 sessions would exceed MTUS post-surgical guidelines. The request IS NOT medically necessary.