MAXIMUS Federal Services

| Case Number: | CM15-0018767 | | |
|---|---|---|---|
| Date Assigned: | 02/06/2015 | Date of Injury: | 02/20/2002 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/21/2015 |
| Priority: | Standard | Application Received: | 02/02/2015 |

## 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, Arizona
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:

The injured worker is a 59-year-old female who reported an injury on 02/20/2002. The mechanism of injury was not provided. The injured worker's prior treatments included physical therapy. The injured worker's medications included Norco, Prilosec, ketoprofen, gabapentin, tramadol, and the injured worker underwent a left shoulder arthroscopic decompression and rotator cuff repair. The injured worker underwent a urine drug screen. The documentation of 12/15/2014 revealed the injured worker was on therapy and making progress little by little every session. The injured worker was noted to have severe left shoulder pain at the extremes of motion and whenever the cold weather was present. The documentation indicated the injured worker was going to physical therapy twice a week. The injured worker was utilizing Norco 10/325 mg as needed, Prilosec 20 mg as needed once a day, Xanax 1 mg at bedtime, and topical creams that included ketoprofen, gabapentin, and tramadol. Physical examination revealed the injured worker had no pain on the right and no pain on the left. The physical examination of the left shoulder revealed 140 degrees of flexion, 130 degrees of abduction, and internal rotation of 60 degrees and external rotation of 70 degrees. The injured worker had no pain in the bilateral hands. The diagnoses included right shoulder impingement with post-traumatic arthrosis of the acromioclavicular joint and status post left knee arthroscopic medial meniscectomy and chondroplasty in the lateral femoral condyle 04/05/2013. The injured worker was noted to be limping due to hip pain. The injured worker had a urine drug screen. The physician noted that the physical therapy was renewed for 2 times a week for 6 weeks for the left shoulder, and the physician opined the injured worker should have treatment for her left hip and her left hand and

wrist. The injured worker was noted to have 2/10 to 4/10 pain in the left shoulder at the extreme of motion. Additionally, the injured worker's left hand grip was noted to be 20/20/20 and the right hand grip was 40/35/30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2x6 to left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

**Decision rationale:** The California Medical Treatment Utilization Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 sessions. There was a lack of documentation indicating the quantity of sessions previously attended and the objective functional benefit that was received. Additionally, there was a lack of documentation indicating remaining functional deficits. Given the above, the request for additional physical therapy 2x6 to left shoulder is not medically necessary.

**Additional physical therapy 2x6 to left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had no pain in the bilateral hands. There was a lack of documentation of objective functional deficits in the bilateral hands. There was a lack of documentation indicating objective functional deficits and prior therapies for the wrist. Given the above, the request for additional physical therapy 2x6 to left hand is not medically necessary. There was a lack of documentation indicating the quantity of sessions previously attended for the left hand.