

<b>Case Number:</b>	CM15-0120282		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	01/30/2015
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Pennsylvania, Ohio, 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 1/30/2015. She reported developing pain in the hands, right elbow, right shoulder and left middle finger locked from repetitive motion duties. Diagnoses include right wrist tenosynovitis, thenar and hypothenar myositis status post left middle finger triggering, status post release 6/8/15. Treatments to date include activity modification, anti-inflammatory, muscle relaxant, cortisone injection, physical therapy and acupuncture treatments. Currently, she complained of diffuse right upper extremity pain and left middle finger triggering. On 5/28/15, the physical examination documented decreased right shoulder range of motion. The treating diagnoses included calcific tendinitis of the right shoulder. The records indicated she had attended two physical therapy sessions for the right shoulder. The appeal request was for six additional physical therapy sessions, twice a week for three weeks for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy two times a week for three weeks for the right shoulder, quantity: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. As of the time of this initial request, this patient had only attended 2 sessions of 8 PT sessions previously certified. It is unclear why the patient would require additional therapy sessions to be certified if she had not yet completed the previously certified sessions which had an ultimate goal of transition to independent home rehabilitation. The records do not provide a rationale at this time for additional PT sessions beyond those previously certified but not yet attended. This request is not medically necessary.