

<b>Case Number:</b>	CM15-0177946		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44 year old female who sustained an industrial injury May 1, 2013. Past treatments included medication, physical therapy, and acupuncture. According to a treating physician's progress report dated August 18, 2015, the injured worker presented for a periodic office visit with complaints of right shoulder weakness, status post steroid injection at last visit, which helped dull the burning pain significantly. She reports neck pain with more prominent numbness and burning, and carpal tunnel syndrome in right hand. Current medication included Acetaminophen, CoQ10, Glucosamine, Turmeric powder, and Vitamin C. Physical examination revealed; ambulates without a device and gait is normal; cervical spine- tenderness at the rhomboids, trapezius, and supraspinatus tendon, multiple myofascial trigger points, all upper limb reflexes are equal and symmetric; right elbow- tenderness to palpation lateral epicondyle, medial epicondyle, and trigger point; slight swelling in thenar eminence, numbness in pinky; positive Tinel's at elbow and wrist. Diagnoses are carpal tunnel syndrome; pain in joint of shoulder; cervicgia. Treatment plan included Terocin for pain, continue to wear wrist brace; consider hand therapy, pending TENS (transcutaneous electrical nerve stimulation) unit trial request for home. At issue is the request for authorization for physical therapy, 8 sessions, right shoulder, neck, and right wrist. According to utilization review dated September 4, 2015, the request for Physical Therapy, 8 visits for the right shoulder, neck and right wrist is non-certified.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy, 8 sessions, Right Shoulder, Neck, Right Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in May 2013 and continues to be treated for right shoulder pain and weakness. Recent treatments include physical therapy with completion of six treatment sessions as of 06/25/15 including instruction in a customized home exercise program. When seen, physical examination findings included poor posture. She was having severe flares with physical therapy. There was restricted right shoulder range of motion with positive impingement testing and positive Empty Can test. Cervical trigger points. There was rhomboid, trapezius, and supraspinatus tenderness. Additional physical therapy was requested as well as authorization for a subacromial injection. Diagnoses also include carpal tunnel syndrome. In this case, there is no new injury and claimant has recently had physical therapy including instruction in a home exercise program. Continued compliance would be expected. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing the number of requested additional skilled physical therapy services is in excess of that recommended and would not reflect a fading of skilled treatments. The request is not medically necessary.