

<b>Case Number:</b>	CM13-0015401		
<b>Date Assigned:</b>	10/08/2013	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 physician 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:

The patient is a 64 year old female who reported an injury on 03/09/2011. The mechanism of injury was not provided. The diagnoses were noted to include multilevel cervical discopathy, cervical facet arthropathy, bilateral knee degenerative joint disease, bilateral wrist carpal metacarpal arthrosis, bilateral carpal tunnel syndrome, bilateral and lateral medial epicondylitis, left shoulder impingement syndrome with subacromial bursitis, left knee internal derangement, bilateral hip degenerative joint disease, and bilateral foot bunions. The request was made for Physical therapy; twelve (12) sessions (2x6), left hand, left shoulder, left wrist, cervical spine and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy: 12 sessions for the left hand, left shoulder, left wrist, cervical spine and lumbar spine:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation provided for review indicated the patient had physical therapy in the past that had helped and given the patient some improvement; however, there was a lack of documentation indicating the number of sessions the patient had participated in. Additionally, there was a lack of documentation indicating the objective functional benefit the patient received and there was a lack of documentation indicating the patient's need for 12 sessions of therapy. Given the above, the request for Physical therapy; twelve (12) sessions (2x6), left hand, left shoulder, left wrist, cervical spine and lumbar spine is not medically necessary and appropriate.