

<b>Case Number:</b>	CM13-0022890		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Orthopedic Surgery, has a subspecialty in Hand Surgery, and is licensed to practice in Georgia and 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.

### 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 34-year-old male who reported an injury on 07/08/2010. The patient's primary diagnosis is carpal tunnel syndrome. He was noted to have been having exacerbations of pain in his hands and wrists, which have been radiating up his arms to his elbow and shoulders as of 08/16/2013. This has resulted in worsening of neck and bilateral shoulder pains as well. According to the documentation dated 09/05/2013, the patient was seen after having been given a shoulder injection to the right shoulder which he had an excellent response and was requesting a left shoulder injection. A physical examination revealed improved range of motion with respect to the right shoulder and right upper extremity, forearm, and hand. The patient complained, with respect to his left hand, of having positive impingement signs as well as crepitus with respect to both shoulders. The patient underwent a left ultrasound guided injection to the left shoulder. He was seen again on 09/20/2013 for a followup from his injection to the left shoulder. The patient stated that the injection relieved his pain significantly, but his objective findings are still unchanged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, three times per week for four weeks, for the bilateral hands, wrists, elbows, neck and shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm,

Wrist and Hand Chapter, Elbow and Carpal Tunnel Syndrome Chapter, and Physical Therapy Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Forearm, Wrist and Hand Chapter, Elbow and Carpal Tunnel Syndrome Chapter, and Physical Therapy Chapter.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients are allowed 9 to 10 visits over 8 weeks for myalgia and myositis unspecified, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. Physical medicine in general allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. As noted in the documentation, on 07/18/2013, the patient actually requested physical therapy. Therefore, his physician reportedly put in the request for therapy for the patient's cervical spine and for postural issues. However, there is no indication the patient underwent any form of physical therapy and that physical exam was approximately 7 months ago. Because California MTUS does not specify physical therapy for shoulders or hands, wrists, or elbows, the Official Disability Guidelines has also been referred to in this case. Under ODG, it states that for a patient who has a history of a sprained shoulder or rotator cuff tear, they are allowed 10 visits over 8 weeks for physical therapy, and for partial tear, they have 20 visits over 10 weeks. Under the carpal tunnel syndrome chapter, it states that patients are allowed medical treatment of 1 to 3 visits over 3 to 5 weeks, with endoscopic postsurgical treatment 3 to 8 visits over 3 to 5 weeks, and postsurgical treatment open procedure 3 to 8 visits over 3 to 5 weeks. In the elbow chapter under sprains and strains of the elbow and forearm, a patient is allowed 9 visits over 8 weeks for medical treatment and 24 visits over 16 weeks for postsurgical treatment and ligament repair. The patient has had complaints of chronic pain in his bilateral upper extremities and has also been diagnosed with bilateral carpal tunnel syndrome. The documentation fails to indicate that the patient already participated in physical therapy for his cervical spine when he originally requested it. Furthermore, the request for 12 sessions of physical therapy does not meet all the different Guidelines pertaining to each region of the upper extremities. The request for physical therapy, three times per week for four weeks, for the bilateral hands, wrists, elbows, neck and shoulders, is not medically necessary or appropriate.