

<b>Case Number:</b>	CM13-0031120		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Family Practice and is licensed to practice in California. 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 47-year-old female who reported an injury on 07/01/2005. The patient was seen for an initial physical examination on 04/19/2013 regarding an industrial injury sustained while she was working as a packer at [REDACTED]. According to the documentation, the patient sustained cumulative trauma from 07/01/2005 through 07/01/2006 which affected her upper extremities, lower back, and an undetermined internal area. The patient initially noticed swelling in her left wrist prior to her actual injury date she says. The patient was prescribed medication and placed on work restrictions, as well as utilize braces and continue with physical therapy. In 04/2008, the patient underwent left wrist and left shoulder surgery. Afterwards she received postoperative physical therapy for 2 months. In 07/2008, the patient also underwent right wrist surgery and again underwent postoperative physical therapy. The most recent documentation dated 07/25/2013 notes the patient is having complaints of left shoulder pain, as well as right hand pain. The patient continues to take oral medications to help relieve the discomfort and is wishing to continue with her physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4, bilateral upper extremity:** Upheld

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

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

**Decision rationale:** According to California MTUS Guidelines, 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. Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active, self-directed home physical medicine. For myalgia and myositis unspecified, it is 9 to 10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis unspecified it is 8 to 10 visits over 4 weeks. Under the postsurgical treatment guidelines for carpal tunnel syndrome, it notes patients who have undergone either the endoscopic procedure or an open surgical procedure, are allowed 3 to 8 visits over 3 to 5 weeks. Regarding the shoulder procedure, it is unclear as to exactly what procedure was performed. The documentation states she has already participated in 20 visits of physical therapy to date. Therefore, the additional physical therapy being requested would exceed maximum allowance per guidelines for both California MTUS and the postoperative guidelines. Furthermore, there is no updated clinical documentation providing a comprehensive physical exam with objective measurements regarding the efficacy of the past physical therapy treatments. As such, the request does not meet guideline criteria. As such, it is non-certified.