

<b>Case Number:</b>	CM13-0044675		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 35-year-old male who reported a work-related injury on 02/18/2013, as a result of a fall. Subsequently, the patient presents for treatment of the following diagnoses: wrist sprain/strain, ganglion of tendon sheath, effusion of wrist/hand, shoulder/upper arm sprain/strain, elbow/forearm sprain/strain, rule out post-traumatic carpal tunnel syndrome, rotator cuff syndrome, lumbosacral sprain/strain, and facet syndrome. The provider documents upon physical exam of the patient's left shoulder, range of motion was noted to be at 170 degrees of flexion, 160 abduction and internal rotation 70. The patient had a positive Phalen's and Tinel's at the wrist. The provider recommended continued physical therapy interventions for the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 Left Shoulder and Hand:** 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): 99.

**Decision rationale:** The current request is not supported. Clinical documentation submitted for review evidences the patient has utilized over 18 sessions of chiropractic/physiotherapy sessions

to date. The patient presents with minimal deficits upon physical exam of the left upper extremity. The patient is status post his work-related injury of over a year's time. At this point in the patient's treatment, an independent home exercise program would be indicated to facilitate continued progress with the patient's range of motion, as well as motor strength. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Given all the above, the request for physical therapy 2x4 for the left shoulder and hand is not medically necessary or appropriate.