

<b>Case Number:</b>	CM13-0045031		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 New York 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. 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 reported a work related injury on 03/10/2009 as a result of cumulative trauma. Subsequently, the patient presents for treatment of the following diagnoses: rule out cervical spine HNP, right impingement shoulder/SLAP/rotator cuff tear, lateral epicondylitis/extensor tendinitis, right cubital tunnel syndrome, and postoperative right carpal tunnel syndrome. The provider documents the patient's range of motion of the cervical spine was at chin to chest, extension was 3 finger breaths, lateral flexion 40 degrees, rotation 70 degrees, and negative compression testing was noted. Shoulder range of motion was within normal limits bilaterally, right elbow range of motion was 0 degrees to 145 degrees with 80 degrees of supination and pronation, and no tenderness. The provider recommended a course of physical therapy interventions to include strengthening and stretching of the neck, right shoulder, and right forearm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 8 additional visits (2 x week x 4 weeks) to neck, right shoulder and right forearm:** Upheld

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

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the patient presents with significant objective findings of symptomatology to support the requested course of supervised therapeutic interventions at this point in the patient's treatment. The patient's range of motion to the cervical spine, right upper extremity, and bilateral shoulders was within normal limits or close to normal limits. In addition, the clinical notes failed to document when the patient last utilized a course of supervised therapeutic interventions, duration, frequency, and efficacy of treatment. 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 of the above, the request for physical therapy 8 additional visits (2xweek x 4weeks) to neck, right shoulder and right forearm is not medically necessary or appropriate.