

<b>Case Number:</b>	CM13-0052087		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, 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 expert 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 52-year-old male who reported an injury on 11/15/12. He injured his right upper extremity while he was doing fabrication and welding in an awkward position. He is diagnosed with right carpal tunnel syndrome and right rotator cuff strain. His symptoms include persistent right shoulder, elbow, hand, and wrist pain, as well as numbness and tingling in the right hand. His physical examination findings included tenderness to palpation over the right shoulder, lateral right elbow and forearm, and right wrist; limited grip strength on the right side due to pain and weakness, specified as 48/50/50; positive right bicipital, apprehension, and supraspinatus isolation tests on the right shoulder; positive Phalen's, Tinel's, and Finkelstein's tests on the right wrists; and decreased range of motion in the right shoulder. Following his orthopedic evaluation on 11/6/13, his treating physician discouraged strengthening exercises in the right upper extremity, as it may aggravate his underlying disorders and increase his disability. Despite this opinion, the patient was noted to have a physical therapy re-evaluation on 11/6/13 for the right rotator cuff strain and right carpal tunnel syndrome. He was noted to have completed 4/6 sessions by 11/21/13. After his office visit on 11/25/13, it was noted that the patient reported benefit from therapy and a recommendation was made to extend his therapy another six visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) PHYSICAL THERAPY VISITS FOR THE LEFT UPPER EXTREMITY, TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** According to the California MTUS guidelines, physical medicine may be recommended in the treatment of unspecified myalgia and myositis at 9-10 visits over 8 weeks, and in the treatment of unspecified neuralgia, neuritis, or radiculitis at 8-10 visits over 4 weeks. The clinical information submitted for review indicated that the patient reports significant pain in his right upper extremity including in the shoulder, elbow, and wrist and has shown objective functional deficits in decreased range of motion and grip strength in the right upper extremity. He was also noted to have completed 6 visits of physical therapy in the treatment of his right shoulder and right wrist through 12/3/13. However, the recent clinical notes failed to show any evidence of significant measurable objective deficits in his left upper extremity. Therefore, it is unclear why 12 visits of physical therapy are being recommended for the left upper extremity. In addition, the requested number of visits exceeds the recommendation by the guidelines. Based on the lack of evidence of documented objective functional deficits related to the left shoulder, and due to the number of visits requested, the request is not supported. As such, the request is non-certified.