

<b>Case Number:</b>	CM13-0068833		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Interventional Spine 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 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 42-year-old female with date of injury of 04/01/2013. The listed diagnoses per [REDACTED] dated 11/11/2013 are: 1.Cervical spine sprain/strain. 2. Right shoulder tendonitis. 3.Bilateral hand/wrist carpal tunnel syndrome/sprain/strain. According to the report, the patient continues to complain of pain in her neck, right shoulder, and both wrist. She rates her pain 3/10 without medications or therapy. Her pain is temporarily alleviated with medications only. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinal muscles. There is decreased range of motion particularly with extension and rotation. Cervical compression test is positive. Examination of the right shoulder reveals tenderness to palpation over the right upper trapezius. There is also full range of motion and a positive Neer's test. The bilateral wrist reveals tenderness to palpation over the volar aspects. Tinel's sign is positive bilaterally. The provider is requesting physical therapy twice a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** This patient presents with neck, right shoulder, and bilateral wrist pain. The provider is requesting 8 additional physical therapy sessions. The Chronic Pain Medical Treatment Guidelines for physical medicine recommend 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. A review of the records does not show any recent or prior physical therapy records to verify how many treatments this patient has received and what results were accomplished. However, the records do show that the patient was certified for 8 physical therapy visits on 10/07/2013. In this case, the requested 8 additional visits when combined with the previous 8 that was certified would exceed MTUS recommendations of 8 to 10 sessions for this type of condition. Given the above, the requested physical therapy is not medically necessary and appropriate.