

<b>Case Number:</b>	CM14-0002366		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Orthopedic Surgery and Hand Surgery 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 injured worker reported a left elbow and left wrist injury on 07/21/2009; the mechanism of injury was not provided with submitted documentation. The surgical note dated 10/21/2013 reported the injured worker underwent a right carpal tunnel release. The clinical note dated 11/21/2013 reported the injured worker had pain in her neck, upper and middle back, and bilaterally in her upper extremities. The physical exam noted the injured worker was restricted in the shoulders with range of motion. There were no further physical findings reported in the clinical note. The request for authorization was dated 11/21/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY RIGHT UPPER EXTREMITIES: 3 X 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The CA MTUS states physical 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. Moreover, the CA MTUS recommends

for myalgia and myositis the maximum of 9-10 visits over 8 weeks. The documentation does not give a clear assessment to the functional deficit the injured worker had by not quantifying the angles or percentage lost. In addition, the request for 12 sessions of physical therapy exceeds the guidelines recommended parameters for treatment. Therefore, the request for physical therapy right upper extremities, 3 x 4 is not medically necessary and appropriate.