

<b>Case Number:</b>	CM14-0007617		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 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 40 year-old female who was injured on 7/30/10. She has been diagnosed with cumulative trauma injury; cervical sprain with radicular complaints; left shoulder periscapular pain; lumbar sprain with radicular complaints; and left wrist tenosynovitis. According to the 12/4/13 orthopedic report from the physician, the patient presents with 50% improvement in pain symptoms in the left hand and wrist with the 5 sessions of PT. The patient also complains of neck and left shoulder pain. The plan included additional PT 2x4 for the left wrist. UR denied the request on 12/20/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2X4 LEFT WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, : Physical Medicine Recommended as indicated b.

**Decision rationale:** The patient presents with neck and left upper extremity pain. She was reported to have 50% pain relief in the left wrist with 5 sessions of PT and I have been asked to

review for an additional 8 sessions. MTUS guidelines allows for 8-10 sessions of PT for various myalgias and neuralgias. The request for 8 sessions of PT when combined with the 5 prior visits will exceed the MTUS recommendations. The request is not in accordance with MTUS guidelines