

<b>Case Number:</b>	CM14-0008642		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 47 year old male with a date of injury 2/15/13. The diagnoses include cervical spine strain/sprain, right shoulder impingement, right carpal tunnel syndrome, right lateral epicondylitis, rule out left carpal tunnel syndrome. There is a request for physical therapy (PT) two times a week for four weeks for the cervical spine, right shoulder and right wrist. There is a 12/12/13 primary treating physician progress report that states that the patient has constant right arm, wrist, elbow and shoulder pain radiating to the neck on and off and low back pain radiating to the neck. The cervical spine was tender with muscle spasms from C2-7. The right shoulder was superiorly positive with positive impingement. The right elbow was with positive Tinel's. Bilateral wrists were with positive Tinel's sign. The right hand was cold. Patient is to remain off work. Per documentation the patient has been authorized 6 PT sessions to the neck on 2/27/13. On 3/11/13 he was authorized 6 PT sessions to the cervical spine. He had 8 PT visits to the neck, right shoulder, and wrist on 8/8/13. He had 8 PT visits to the neck, right shoulder and right wrist on 9/16/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO TIMES A WEEK TIMES FOUR WEEKS FOR THE CERVICAL SPINE, RIGHT SHOULDER AND RIGHT WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy (PT) & Shoulder.

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

**Decision rationale:** Physical therapy two times a week for four weeks for the cervical spine , right shoulder, and right wrist is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had multiple PT sessions without evidence of significant functional improvement or improvement in pain. The request for an additional 8 visits would exceed guideline recommendations and are not medically necessary. The patient should be independent in a home exercise program. Physical therapy two times a week for four weeks for the cervical spine, right shoulder and right wrist is not medically necessary.