

<b>Case Number:</b>	CM14-0107450		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Internal Medicine 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 an injured worker with diagnoses of right shoulder, right elbow, and right wrist strain and sprain. The patient sustained an industrial injury on 1/14/14. The progress report dated 01/23/2014 documented shoulder injury on 1/14/2014. Regarding the mechanism of injury, the patient slipped and fell and injured right wrist shoulder and elbow. Right shoulder, right elbow and right wrist pain was reported. Objective findings were documented. The patient is alert and oriented. Sensation and motor function are full throughout. There is normal turgor. There is no cyanosis. There is no rash. There are no obvious lesions. Right shoulder examination was documented. There is mild tenderness to palpation subacromial space. There is no obvious deformity. There is limited range of motion. There is no signs of impingement noted. The distal sensation, motor function, and circulation are intact. Right elbow examination was documented. There is mild tenderness and no swelling noted of the medial aspect. The distal sensation, motor function, and circulation are intact. Right wrist was documented. There is moderate tenderness to palpation of the volar aspect. There is no swelling. There is decreased range of motion secondary to pain. Either flexion or extension causes pain. The distal sensation, motor function, and circulation are intact. X-rays were obtained of the right shoulder, the right elbow and the right wrist. The X-Rays were normal. Diagnoses were strain right shoulder, sprain right elbow, and sprain right wrist. This patient had a shoulder injury, an elbow injury and a wrist injury. Physical therapy was anticipated to require 6 visits or less. The physical therapy progress report dated 2/14/14 documented that the patient had completed 6 sessions of physical therapy. The patient's right wrist was feeling the same with numbness and tingling and pain. The progress report dated 4/28/14 documented that the patient reported neck pain with stiffness, decreased range of motion, and muscle spasms, as well as lower back pain. The patient reported right wrist and hand pain with numbness, stiffness, swelling, and tingling. Examination reveals decreased range

of motion in the right arm, right wrist, and right hand. The progress report dated 6/2/14 documented that the patient reported lower back and bilateral wrist pain. Examination revealed decreased cervical spine range of motion and tenderness of the cervical spine paraspinals. Diagnoses were cervical spine sprain and strain, thoracic spine sprain and strain, lumbar spine sprain and strain, and right shoulder bicipital tendinitis, and right shoulder sprain and strain, right hand and wrist pain. The progress report dated 3/4/14 documented that the elbows, shoulders, and wrists pattern of symptoms were no better. The physical medicine and pain management consultation report dated 3/12/14 that the patient completed physical therapy which did not help alleviate the pain. Utilization review determination date was 6/11/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 12 sessions to the right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Medical records document the completion of 6 visits of physical therapy without functional improvement. The progress report dated 01/23/2014 documented that physical therapy was anticipated to require 6 visits or less. The physical therapy progress report dated 2/14/14 documented that the patient had completed 6 sessions of physical therapy. The patient's right wrist was feeling the same with numbness and tingling and pain. The progress report dated 3/4/14 documented that the elbows, shoulders, and wrists pattern of symptoms were no better. The physical medicine and pain management consultation report dated 3/12/14 that the patient completed physical therapy which did not help alleviate the pain. Because of the lack of functional improvement with previously completed physical therapy visits, the request for additional physical therapy visits is not supported. Therefore, the request for Physical Therapy 12 sessions to the right wrist is not medically necessary.