

<b>Case Number:</b>	CM14-0016825		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	04/22/2005
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 54-year-old female who reported an injury on 04/22/2005. The mechanism of injury was not provided in the medical records. Her diagnoses include disc degeneration at C5-6, cervical radiculopathy, cervical disc protrusion, status post rotator cuff repair and distal clavicle resection, status post carpal tunnel release on the right, status post right wrist 1st compartment release, and status post ulnar nerve transposition on the right. On 03/03/2010, it was noted that the injured worker complained of cervical spine pain, right shoulder pain, and right wrist pain. Upon physical exam of the cervical spine, the injured worker was noted to have flexion of 27 degrees, extension 35 degrees, right lateral flexion 17 degrees, left lateral flexion of 29 degrees, left lateral rotation 51 degrees, and left lateral rotation of 50 degrees. The injured worker was noted to have 0 triceps reflexes on the right and 0 brachioradialis reflexes on the right. Physical examination of the right shoulder noted shoulder loss of motion forward flexion was 104 degrees, abduction was 98 degrees, external rotation was 31 degrees, internal rotation was 21 degrees, extension was 22 degrees, and adduction was 10 degrees. The left shoulder forward flexion was 162 degrees, abduction 161 degrees, external rotation 90 degrees, internal rotation 67 degrees, extension 68 degrees, adduction on the left side was 40 degrees. Upon examination of the bilateral hands, the injured worker was noted to have a 12 degree radial deviation on the right hand, normal on the left. End of medical review records, the injured worker is listed as having a diagnostic operative arthroscopy on 12/04/2009 but it does not say what body part.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 X WEEK FOR 6 WEEKS FOR BILATERAL HANDS, BILATERAL SHOULDERS AND CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines may recommend physical medicine at 9 to 10 visits in the treatment of unspecified myalgia or myositis. Additionally, 8 to 10 visits may be warranted for the treatment of unspecified neuritis, radiculitis, and neuralgia. In this case, in the absence of current physical examination findings, it is unknown whether the patient has any current functional deficits to warrant physical therapy. In addition, the documentation fails to provide details regarding the injured worker's previous physical therapy treatments, including the number of visits, the duration of the treatments, and the objective functional gains obtained during the physical therapy. Further, the request for visits twice a week for 6 weeks exceeds the guidelines recommended number of visits/duration of treatment. The request for physical therapy twice a week for 6 weeks for bilateral hands, bilateral shoulders, and cervical spine is not medically necessary and appropriate.