

<b>Case Number:</b>	CM14-0018376		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 61 year old female with a work injury dated 2/28/13. The diagnoses include right shoulder tendinosis, right elbow sprain thoracic and lumbar sprain, wrist/hand sprain. Under consideration is a request for physical Therapy to the cervical spine, Thoracic spine, Lumbar spine, right elbow and forearm, and right hand and wrist 2 X 6. There is a primary treating physician (PR-2) document dated 12/30/13 that states that the patient remains symptomatic since her last visit. She has 7/10 neck pain, 7-8 right shoulder pain, 7-8/10 right forearm pain 8/10 with occasional numbness. Her right hand/wrist pain is 7/10 with numbness in the thumb, index, and middle finger and upper back pain 7/10. symptomatic since her last visit to the office. She has neck pain 7/10, right shoulder pain Per documentation the patient was certified 18 sessions of physical therapy on 12/3/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TO THE CERVICAL SPINE, THORACIC SPINE, LUMBAR SPINE, RIGHT ELBOW AND FOREARM AND RIGHT HAND AND WRIST 2 X WEEK FOR WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PHYSICAL THERAPY GUIDELINES.

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

**Decision rationale:** Physical Therapy to the Cervical spine, Thoracic spine, Lumbar spine, right elbow and forearm, and right hand and wrist 2 X 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient may have up to 10 visits for her conditions. The guidelines were already exceeded for her therapy as she was certified 18 PT sessions in Dec.2013. The documentation indicates that the patient continues to have pain and limitations despite her extensive therapy. The request for additional therapy is not medically necessary. Therefore, the request for physical Therapy to the Cervical spine, Thoracic spine, Lumbar spine, right elbow and forearm, and right hand and wrist 2 X 6 is not medically necessary.