

<b>Case Number:</b>	CM14-0018983		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/17/2007
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 & 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 56 year old female who reported an injury of unknown nature and mechanism on CT 01/17/2006 - 01/17/2007. On a physician's progress note of 10/09/2013, her diagnoses included musculoligamentous sprain of the cervical and lumbar spine, tendinitis to the bilateral shoulders, bilateral carpal tunnel syndrome of the wrists, bilateral upper extremity overuse syndrome and DeQuervain's tendinitis of the left wrist. Her objective report included tenderness over the upper trapezius, levator scapulae and rhomboids bilaterally, neck pain, throbbing pain in both wrists with tingling and low back pain and stiffness. Her medications included Ibuprofen 800 mg, omeprazole 20 mg and tramadol 50 mg. She had bilateral flexible wrist splints with thumb supports. Her treatment plan called for "therapy 2 times per week for 10 weeks". There is no other clinical data nor a request for authorization in this chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY, 2X10, TOTAL 20:** 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 Medicine Page(s): 98-99.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) recommends passive therapy for short-term relief during the early phases of pain treatment to reduce inflammation and swelling. Active therapy is indicated for restoring flexibility, strength, endurance, function, range of motion and to alleviate discomfort. Patients are expected to continue active therapies at home. The recommended schedule for myalgia and myositis, unspecified allows for 9-10 visits over 8 weeks. The requested therapy does not specify any modalities, body parts to be exercised and exceeds the recommendations. Therefore the request for physical therapy, two times ten, total 20 is not medically necessary and appropriate.