

<b>Case Number:</b>	CM14-0125430		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	06/03/2001
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Pain 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 injured worker is a 49-year-old female with an original date of injury of September 26, 2000. The injured worker's diagnoses include carpal tunnel syndrome, and sprain, leg pain, rotator cuff syndrome, neck pain, and cervical sprain/strain. The injured worker has had on 9/16/2013 an electrodiagnostic study which revealed normal study of the bilateral lower extremities. The disputed request is for physical therapy for the bilateral shoulders and bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Physical Therapy - Bilateral Shoulder, Bilateral Wrist #12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Active therapy Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Physical Medicine Section>, page(s) 99 Page(s): 99.

**Decision rationale:** The injured workers remote date of injury was noted. The patient has had conservative treatment with topical pain medications, anti-inflammatories, opioid pain medications, and muscle relaxants. The patient has also tried physical therapy and chiropractic therapy. There was not a comprehensive summary of the functional benefit of prior physical

therapy, and there was no explanation as to why the patient could not be transition to self-directed home exercises. This request is not medically necessary.