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| <b>Case Number:</b>   | CM14-0029992 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 08/29/2008 |
| <b>Decision Date:</b> | 07/21/2014   | <b>UR Denial Date:</b>       | 02/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/10/2014 |

### 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 has a subspecialty in Interventional Spine 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 a 62 year old female with an injury date on 08/29/2008. Based on the 02/05/2014 progress report provided by [REDACTED], the patient presents with significant bilateral shoulder pain, cervical pain and bilateral wrist pain. The current diagnoses are infective nosisitis, carpal tunnel syndrome, calcify tendonitis shoulder and recur dislocation for arm. An exam on 02/05/2014, showed bilateral shoulder impingement sign with Hawkins and Neer test, positive Tinel sign, carpal tunnel compression test and Phalen test were positive for both wrist. [REDACTED] is requesting physical therapy 2 times a week for 6 weeks. The utilization review determination being challenged is dated 02/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/13/2013 to 02/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for six weeks, quantity twelve:** 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:** This patient presents with bilateral shoulder pain, cervical pain and bilateral wrist pain with 6-8/10 on the pain scale. The provider has asked for physical therapy 2 times a week for 6 weeks on 02/05/2014. A review of the report shows positive tests for carpal tunnel syndrome, and shoulders impingement. The provider does not mention the patient's therapy treatment history and does not discuss what is to be accomplished with therapy now. There is no discussion regarding the patient's home exercises. The Utilization Review with the impression that the records submitted contain no accompanying current physical therapy evaluation for this patient did not grant this request. There was no evidence of significant functional improvement with the previous physical therapy that is documented in the records provided. Previous physical therapy notes were not specified in the records provided. Regarding neuralgia, neuritis, and radiculitis type condition, the California MTUS guidelines recommend 8-10 visits over 4 weeks. In this case, the provider has asked for 12 total sessions of therapy for the patient. The request of 12 sessions exceeds what is allowed per the California MTUS Guidelines. Therefore, the request is not medically necessary.