

<b>Case Number:</b>	CM14-0037361		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 50-year-old female with a date of injury of 12/06/2012. The listed diagnoses per [REDACTED] are: 1. Sprain/strain of the right wrist and hand, resolved. 2. Sprain/strain of the right forearm, resolved. 3. Sprain/strain of the bilateral shoulders. 4. Sprain/strain of the lumbosacral spine with right sciatica. 5. Clinical depression secondary to the industrial injury. According to progress report 02/11/2014 by [REDACTED], the patient presents with complaints of constant aching pain in her thoracic spine, lumbar spine, bilateral shoulders, right forearm, and occasional numbness and tingling in her right hand. Examination of the bilateral shoulders revealed normal range of motion. Examination of the right forearm/hand revealed full active range of motion. Examination of the lumbar spine revealed flexion 70 degrees, extension 20 degrees, bilateral lateral bend 45 degrees. On palpation, patient presented with +2 tenderness to midline at L4-L5 and L5-S1. There is +1 tenderness at the right sciatica notch and +1 right greater trochanter. Request for authorization from 02/14/2014 requests physical therapy 2 times a week for 6 weeks. Utilization review denied the request on 02/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 right arm/wrist, bilateral shoulders and lumbar: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**Decision rationale:** This patient presents with complaints of constant aching pain in her thoracic spine, lumbar spine, bilateral shoulders, right forearm, and occasional numbness and tingling in her right hand. The provider is requesting physical therapy 2 times a week for 6 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 sessions over 8 weeks. According to physical therapy progress report 01/14/2013, the patient has received 6 physical therapy sessions. In this case, the provider does not discuss why additional 12 sessions is being requested and to address what issues. Furthermore, the providers request for additional 12 sessions exceeds what is recommended by MTUS. Recommendation is for not medically necessary.