

<b>Case Number:</b>	CM14-0039351		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Pain Management 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 61 year old female with date of injury 11/22/13. The treating physician report dated 2/6/14 indicates that the patient presents with pain affecting the lumbar spine with paresthesia affecting the feet and toes, bilateral shoulder pain and bilateral hand and wrist pain. The current diagnoses are: 1. Bilateral shoulder rotator cuff syndrome with tendonitis. 2. History of scapular winging. 3. Bilateral carpal tunnel syndrome. 4. History of gastroparesis. The utilization review report dated 3/6/14 denied the request for physical therapy 2x6 for the shoulders and bilateral wrists based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 weeks-bilateral shoulders and bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG web Capral Tunnel Syndrome, Physical Therapy and ODG Physical Medicine Guidelines.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine pages 98-99.

**Decision rationale:** The patient presents with bilateral shoulder, wrist and hand pain that was diagnosed as a cumulative trauma. The current request is for physical therapy 2x6 for the bilateral shoulders and wrists. There is no documentation of any prior physical therapy in the treating physician report dated 2/6/14. The utilization review report states, "She underwent 12 prior treatments and efficacies are not addressed." The treater states on page 12 of his 2/6/14 report, "Physical therapy 2x4 for bilateral shoulders and wrists. The application for Independent Medical Review states, "PT 2x6-bilateral shoulders and bilateral wrists." The MTUS guidelines allow 8-10 therapy visits for myalgia and neuritis type symptoms. The current request for 12 sessions exceeds what MTUS allows for this type of condition. Therefore, the request for twelve (12) physical therapy sessions for bilateral shoulders and bilateral wrists is not medically necessary and appropriate.