

<b>Case Number:</b>	CM14-0058968		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/08/2001
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Occupational 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:

This case is a 66 year old female with a date of injury on 2/8/2001. A review of the medical records indicate the patient undergoing treatment for repetitive stress of upper extremities. Subjective complaints (4/16/2014) include bilateral hand and forearm pain. Objective findings (4/16/2014) include "mild swelling of left distal forearm", "mild spasms in her right and left forearms", "good range of motion of the wrists and elbow bilaterally". Physical therapy objective findings from 2/24/2014 and 4/16/2014 remained unchanged with wrist extension (right 90 degree, left 90 degree), wrist flexion (right 90 degree, left 90 degree), wrist flexion strength (right 5-, left 5-), and wrist extension (right 5-, left 5-). Should physical therapy objective findings from 3/13/2014 and 11/25/2013 did show some improvement: shoulder flexion right 120 degree and 160 degree, abduction 50 degree and 160 degree. Treatment has included physical therapy (12+ for left upper extremity, 20+ bilateral upper extremities), work modification, and left-sided long forearm brace. A utilization review dated 4/28/2014 non-certified a request for physical therapy x 8 sessions due to lack of objective findings necessitating therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Physical Therapy x 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-204. Decision based on Non-MTUS Citation Official Disability

Guidelines, Shoulder Chapter, Forearm, Wrist, and Hand Chapter, Carpal Tunnel Syndrome Chapter, Elbow Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records indicate that the patient has undergoing 30+ sessions of physical therapy. The request for 8 physical therapy sessions in addition to the 30+ sessions in the past year is far in excess of the MTUS and ODG guidelines. While there are some objective improvements documented in the shoulder, the treating physician does not note exceptional factors that would warrant continued physical therapy in excess of the guidelines in lieu of home therapy. As such, the request for Continued Physical Therapy x 8 sessions is not medically necessary.