

<b>Case Number:</b>	CM14-0068859		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 patient is a 52 y/o female who developed worsening neck and upper extremity pain subsequent to a slip and fall on 2/3/12. She has been diagnosed with a cervical radiculopathy, degenerative rotator cuff syndrome, bilateral carpal tunnel syndrome and Guyon's canal ulnar neuropathy. Documentation via the QME reports notes an initial course of physical therapy soon after the injury and a second course of physical therapy when another physician became the primary treating physician. The most recent treating physician has requested 6 additional sessions without acknowledgement of prior therapy and the apparent lack of benefits. No ongoing home exercise program is documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 3 weeks, cervical spine right shoulder elbow wrist:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98,99. Page(s): ) 98,99..

**Decision rationale:** MTUS Guidelines recommend up to 8-10 sessions of hands on physical therapy as adequate for chronic musculoskeletal conditions. Guidelines recommend the emphasis be on establishing a self care program with continued exercises and self protective behaviors. It is documented that this patient has had 2 courses of physical therapy, but there is no documentation of lasting benefits or patient follow through. The requesting physician does not provide any unusual circumstances that would justify an exception to Guideline recommendations. The requested physical therapy 2wks X's 3 is not medically necessary.