

<b>Case Number:</b>	CM14-0074521		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/17/2009
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 60 year-old individual was reportedly injured on 4/17/2009. The mechanism of injury is not listed. The most recent progress note is the utilization review dated 4/22/2014, indicates that there are ongoing complaints of neck, right shoulder, and bilateral wrist pain. No physical examination was submitted for review. However utilization review dated 4/22/2014 states the physical examination shows positive Spurling's, spasm, tenderness to palpation of the lateral epicondyle and effusion. No recent diagnostic studies were available for review. Previous treatment includes #24 for physical therapy visits, medications, and conservative treatment. A request had been made for physical therapy 2 times a week for 6 weeks #12 for bilateral wrists, and neck, and right shoulder, and was not certified in the pre-authorization process on 4/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) times a week for six (6) weeks for the Bilateral Wrists, Cervical Spine, and Right Shoulder:** 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 8C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98, 99 of 127.

**Decision rationale:** MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has multiple chronic complaints and review of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent 24 sessions of functional restoration therapy and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.