

<b>Case Number:</b>	CM14-0095488		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/05/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 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 injured worker is a 50-year-old female who reported injury on 09/05/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of shoulder impingement, carpal tunnel syndrome, tenosynovitis of the hand and wrist not elsewhere classified, and knee tendinitis/bursitis. Past medical treatment consists of carpal tunnel release, physical therapy, chiropractic therapy, and medication therapy. The medications include Norco and Neurontin. The injured worker has undergone EMG/NCV, MRI of the right knee, x-rays of the cervical spine, right wrist, left wrist, and bilateral knees. On 03/27/2014, the injured worker complained of right wrist pain with numbness and weakness. On examination, there was a well healed incision noted over the right palm with no signs of infection. Reduced grip strength was noted. Positive impingement and Hawkins sign were noted in the right shoulder with decreased range of motion on abduction of less than 100 degrees. Deltoid strength was graded 4/5. Medial and lateral joint line tenderness and patellar crepitus were noted with flexion and extension of the right knee. The treatment plan is for the injured worker to undergo additional physical therapy on the right shoulder, right wrist, right hand, and right knee. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x4 to the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 474, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The request for physical therapy 3 times for 4 weeks to the right shoulder is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The submitted documentation lacked an indication that the injured worker had any benefits with prior course of physical therapy. As well, the efficacy was not submitted for review. The guidelines recommend up to 10 visits of physical therapy. The amount of physical therapy visits that have already been completed for the right shoulder is unclear. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, Physical Therapy 3x4 to the right shoulder is not medically necessary.

**Physical Therapy 3x4 right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 474.

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

**Decision rationale:** The request for physical therapy 3 times for 4 weeks for the right wrist is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The submitted documentation lacked an indication that the injured worker had any benefits with prior course of physical therapy. As well, the efficacy was not submitted for review. The guidelines recommend up to 10 visits of physical therapy. The amount of physical therapy visits that have already been completed for the right wrist is unclear. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, Physical Therapy 3x4 right wrist is not medically necessary.

**Physical Therapy 3x4 right hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 474.

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

**Decision rationale:** The request for physical therapy 3 times a week for 4 weeks for the right hand is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The submitted documentation lacked an indication that the injured worker had any benefits with prior course of physical therapy. As well, the efficacy was not submitted for review. The guidelines recommend up to 10 visits of physical therapy. The amount of physical therapy visits that have already been completed for the right hand is unclear. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, Physical Therapy 3x4 right hand is not medically necessary.

**Physical Therapy 3x4 right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 474.

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

**Decision rationale:** The request for physical therapy 3 times a week for 4 weeks for the right knee is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The submitted documentation lacked an indication that the injured worker had any benefits with prior course of physical therapy. As well, the efficacy was not submitted for review. The guidelines recommend up to 10 visits of physical therapy. The amount of physical therapy visits that have already been completed for the right knee is unclear. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, Physical Therapy 3x4 right knee is not medically necessary.