MAXIMUS Federal Services

| Case Number: | CM14-0147014 | | |
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| Date Assigned: | 09/15/2014 | Date of Injury: | 07/31/2013 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 08/25/2014 |
| Priority: | Standard | Application Received: | 09/10/2014 |

## 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 Family Practice, and is licensed to practice in New Jersey. 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 is a 62 year old female who sustained a work related injury on 7/31/2013. She had an item pulled out of her hand which yanked her arm and she reported immediate sharp pain in the left wrist, hand, arm and shoulder. She is status-post left shoulder arthroscopic subacromial decompression and partial distal claviculectomy dated 12/13/2013. Per the Orthopedic Consultation dated 4/15/2014 the injured worker reported left hand and wrist pain rated as 5 out of 10 that is present 75-80% of the time. Gripping and grasping are affected. There is a mass between the left shoulder and elbow. Physical Examination revealed minimal tenderness of the left hand, no deformity and full range of motion. Tenderness is localized diffusely to the dorsum of the hand and wrist. There is no specific point of tenderness. Per the physician's report dated 2/13/2014 diagnoses included left shoulder rotator cuff tear, severe adhesive capsulitis, left elbow chronic sprain/strain, left wrist sprain/strain, cervical sprain/strain, anxiety, depression, insomnia, overuse syndrome of the right shoulder secondary to left shoulder abnormality, and left arm probable lipoma. Radiographic imaging was read by the evaluating provider as a healed fourth metacarpal base fracture. Prior treatment has included surgery, physical therapy and medications. She benefited from both acupuncture and 9 visits of physical therapy. Work Status is temporarily totally disabled. On 8/25/2014, Utilization Review non-certified a prescription for Pilates 20 sessions based on lack of home exercise program with regression. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited. Pilates 20 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pilates 20 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back- pilates - yoga.

**Decision rationale:** The request is considered not medically necessary. As per MTUS guidelines, the patient has received nearly maximum number of recommended sessions of physical medicine. She had 9 sessions with improvement in pain and range of motion. At the point, the patient should be transitioned to a home exercise program. There is not documentation that the patient failed to improve with a home exercise program. Twenty sessions of physical medicine in the form of Pilates is not indicated at this time. Also as per ODG, yoga was not more effective than physical therapy stretching class. Therefore, the request for Pilates is considered not medically necessary.