

<b>Case Number:</b>	CM14-0155419		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Family Practice 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:

A 56 yr. old male claimant sustained a work injury on 4/17/12 involving the right shoulder wrist and arm. He was diagnosed with right shoulder impingement syndrome, olecranon bursitis and sprain of the carpometacarpal joint. He underwent 2 surgeries of his shoulder including a distal clavicle excision as well as over 60 sessions of physical therapy for the shoulder. A progress note on 6/19/14 indicated the claimant had decreased range of motion of the right wrist with decreased grip strength. Previous MRIs were requested but not authorized for the wrist. A request was made in July 2014 for 12 sessions of therapy for the right shoulder and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of right hand/wrist therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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) Wrist and Physical Therapy

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or

less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. According to the ODG guidelines, most wrist strains require up to 9 sessions of therapy. In this case, there is no indication that therapy cannot be tapered into a home-based program. The 12 sessions requested exceed the amount recommended by the guidelines. Therefore the request is not medically necessary.