

<b>Case Number:</b>	CM14-0207938		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Rehab 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 patient is a 51 year old male with date of injury 5/10/13. The treating physician report dated 10/27/14 (146) indicates that the patient presents with pain affecting left shoulder, lower back and bilateral wrists. The physical examination findings reveal a right anterior shoulder healed incision. Wounds clean/dry on right knee. He has an antalgic right knee. Prior treatment history includes MRI, EMG, physical therapy, right shoulder surgery. MRI findings reveal a left L2-3 protrusion with left L3 impingement and retrolisthesis and facet changes at L3-4 and L5-S1. The current diagnoses are: 1.LOC PRIM OSTEOART-SHLDER2.Knee degenerative osteoarthritis3.Shoulder arthritis4.JOINT PAIN-SHLDER5.Wrist arthralgia6.JOINT PAIN-L/LEG7. Lumbar disc disorder/myelopathy8.Shoulder impingement/bursitis9.Muscle weakness10.Swelling limb11.Knee medial meniscus tear12.FOLLOW-UP SURGERY NOSThe utilization review report dated 12/03/14 (16) modified the request for physical therapy bilateral hand and lumbar spine 2 x 6 (12) based on MTUS guidelines supporting 8 sessions of therapy to these body parts.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for bilateral hand and lumbar spine 2 x 6 (12): Upheld**

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

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

**Decision rationale:** The patient presents with left shoulder, low back and bilateral wrist pain. The current request is for physical therapy for bilateral hands and lumbar spine 2 x 6 (12). The treating physician states that the patient has some pain in his lower back but is able to bike and use the elliptical for exercise. The patient has a positive Phalen's test bilateral and Tinel. The MTUS guidelines state, "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." Guidelines state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." In this case, the treating physician has asked for a total of 12 visits, which exceed guideline recommendations. There is no evidence given that the patient requires treatment outside of the recommended guidelines. Therefore, the request is not medically necessary.