

<b>Case Number:</b>	CM14-0209060		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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:

57-year-old female claimant who sustained a work injury on involving the neck and left arm. She was diagnosed with cervical strain, right shoulder strain and carpal tunnel syndrome. A physical therapy note on July 15, 2014 indicated for range of motion with no restriction in the right shoulder as well as the right elbow and right wrist. Right upper extremity strength was intact. The treating physician provided a prescription on August 18, 2014 for eight sessions of physical therapy. A progress note on August 18, 2014 indicated claimant had persistent pain in the arms and neck. Physical findings were unremarkable. There was mention of subjective pain in the paracervical region, right trapezius, right shoulder and biceps. She was recommended to continue physical therapy to the right upper extremity and use Aleve for pain. A progress note on September 29, 2014 indicated persistent low back pain and right shoulder pain. She was diagnosed with brachial plexus dysfunction in continuation of physical therapy as well as home therapy was recommended. A request was made for six additional sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Physical Therapy Sessions to the right upper extremity, 2 times a week for 3 weeks:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**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. This case the claimant had undergone numerous sessions of physical therapy. There was a recommendation to do home therapy. Initial physical therapy evaluation showed no restriction shoulder. The request for six additional physical therapy visits is not medically necessary.