

<b>Case Number:</b>	CM14-0211068		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 47 year old female with an injury date on 2/5/13. The patient complains of continued pain mostly along the radial aspect of her hands, and continued neck, shoulder, and arm pain per 11/24/14 report. The patient has bilateral finger numbness, as well as hand swelling/discoloration/discomfort per 10/15/14 report. The patient notices her symptoms increase with overhead activities, repetitive arm motions, and pushing heavy objects per 10/15/14 report. Based on the 11/24/14 progress report provided by the treating physician, the diagnoses are: 1. right thoracic outlet syndrome 2. right cervical spondylosis, rule out radiculopathy 3. right moderate carpal tunnel syndrome 4. left moderate carpal tunnel syndrome A physical exam on 11/24/14 showed "finger range of motion is normal. Thenar weakness is present in both the right and on the left." Range of motion of the elbow, forearm, and digits remain in normal limits per 9/30/14 report. Neck/head rotation to the right produces discomfort and feeling of coolness in the hand per 9/30/14 report. The patient's treatment history includes medications, carpal tunnel injection on right (helpful), work modifications. The treating physician is requesting physical therapy x 12 visits. The utilization review determination being challenged is dated 12/11/14. The requesting physician provided treatment reports from 6/17/14 to 11/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x12 visits:** Upheld

**Claims Administrator 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)- shoulder procedure summary

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

**Decision rationale:** This patient presents with right shoulder pain, arm pain, and neck pain. The treater has asked for Physical Therapy x12 visits on 11/24/14. Review of the reports from 6/17/14 to 11/24/14 do not show any evidence of recent physical therapy. The treater agrees with recommendation for 12 physical therapy visits by another [REDACTED] who stated that "emphasizing a transition to a home exercise program which she may then continue to maintain and improve her condition." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. The requested 12 sessions of Physical Therapy exceed MTUS guidelines for this type of condition. Therefore, requested Physical Therapy is not medically necessary.