

<b>Case Number:</b>	CM15-0008972		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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 & Rehabilitation

### 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 injured worker is a 63-year-old male who reported an injury on 01/28/2014. The mechanism of injury was the injured worker was polishing a tank with a buffering machine when suddenly the buffer hit a pin, causing the injured worker to lose grip of the buffer. The injured worker by instinct was noted to hold the buffer steadily with his left hand; however, the buffer went out of control and hit the injured worker on the left chest and rib area. The injured worker underwent 16 sessions of physical therapy, 13 chiropractic sessions, and 15 acupuncture sessions. The injured worker underwent an EMG/NCS of the upper extremities and an MRI of the left shoulder. The documentation of 09/29/2014 revealed the injured worker had left shoulder and forearm pain associated with numbness and left hand pain associated with numbness. There was noted to be no motor or sensory deficit. There was tenderness to palpation over the acromioclavicular joint and sternoclavicular joint. Range of motion was full. The diagnoses included lateral epicondylitis left, contusion/sprain/strain forearm, left, tendinitis of the supraspinatus and infraspinatus tendon, left shoulder per MRI, and contusion left anterior chest wall, rule out costochondritis. The treatment plan included therapeutic activity program 2 times a week x4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of therapeutic activity program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend up to 10 treatments of physical medicine for the treatment of myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously undergone therapeutic activity. There was a lack of documentation objective functional benefit. The documentation indicated the injured worker underwent 16 sessions, and as such, should be well versed in a home exercise program. Additionally, the request as submitted failed to indicate the body part to be treated with the therapeutic activity program. Given the above, and the lack of documentation of exceptional factors, the request for 8 sessions of therapeutic activity program is not medically necessary.